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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)

Open to Public Inspection

OMB No 1545-0047

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

Α	For the	= 2010 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ 2010 $$ and ending	SEP 30, 2011	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres	FATS AND PROTEINS RESEARCH FOUNDATION		
	Name change	<del></del>	<del></del>	497869
E	return Termin	Number and street (or P 0 box if mail is not delivered to street address) 801 NORTH FAIRFAX STREET 205	•	r 683-2914
	Ameno return	City or town, state or country, and ZIP + 4	G Gross receipts \$	644,984.
	Application pending	ABERANDRIA, VA 22314	H(a) Is this a group re	
	penam	F Name and address of principal officer I normals M. COOK	for affiliates?	Yes X No
_		801 NORTH FAIRFAX ST, ALEXANDRIA, VA 2231	<del></del>	
		empt status:		list. (see instructions)
			H(c) Group exemption 1962	A State of legal domicile IL
	art I	Summary	ear or lonnation 1302 N	A State of legal doffliche 11
_	1	Briefly describe the organization's mission or most significant activities. TO PROVI	DE AN INSTITU	TION WHICH
Activities & Governance		WILL DIRECT AND MANAGE THE PROCESS WHEREBY R		
ž	2	Check this box   If the organization discontinued its operations or disposed of n	nore than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
ies	5	Total number of ındıvıduals employed ın calendar year 2010 (Part V, line 2a)	5	0
Ξ	6	Total number of volunteers (estimate if necessary)	6	21
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		Contributions and greats (Dark VIII. line 14)	Prior Year 0 .	Current Year 0.
Revenue	8 9	Contributions and grants (Part VIII, line 1h)	879,861.	639,990.
ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,502.	3,596.
æ	11 4	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	167.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	889,363.	643,753.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	584,830.	441,276.
	1	Benefits paid to or for members (Part IX, colu <u>mn (A), line 4)</u>	0.	0.
Ś	1 4-	Salaries, other compensation, employee benefits (Par 🗷,ြေများ) 🛝 🎼 s 5-10	204,937.	208,161.
Expenses	16a	Professional fundraising face (Part IV column (A)	0.	0.
xpe	ь.	Total fundralating averages (Part IV solume (DV)   DV	,	
úì	17	Other expenses (Part IX, column (A), lines 11a-1-id, 14(24) 2 6 2012  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	134,696.	132,073.
	18-	Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)	———924 <b>,</b> 463.	<del>781,510</del>
	19	Revenue less expenses. Subtract line 18 from line 12 G ) F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-35,100.	-137,757.
SOC	<u>{</u>	4 4 5 5 1 1 1	Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	730,206.	592,449.
E P	21	Total liabilities (Part X, line 26)	720 206	0.
		Net assets or fund balances Subtract line 21 from line 20	730,206.	592,449.
	art II	Signature Block  Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomosto and to the best of m	u linevilleden and belief ikus
<b>4</b>		thes of perjury, I declare that I have examined this return, including accompanying scriedules and sta t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge and delief, it is
Sig	, conec	Manas M, (look		2012
Sic	ın.	Signature of officer	Date	
He	re	THOMAS M COOK, PRESIDENT		
•••		Type or print name and title	····	
		Print/Type preparer's name Preparer's signature for Men	Date, / Check	PTIN
Pai	id	JOAN M.RENNER JOAN M.RENNER	2/27/12   self-employe	ed
Pre	parer	Firm's name RENNER AND COMPANY, CPA, P.C	Firm's EIN	
Use	Only	Firm's address 700 NORTH FAIRFAX ST, SUITE 400		
		ALEXANDRIA, VA 22314	Phone no 7	03-535-1200
<u>М</u> а	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2010)

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

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

Form 990 (2010)

### 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)?			,,
_	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		J.
4	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	· · · · · · · · · · · · · · · · · · ·	4		
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	3		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>	-	
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	10-	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
•	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	-13-		_X-
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. <del></del> u		
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	, , , , , , , , , , , , , , , , , , , ,	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	:		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		_
		Form	990 (	2010)

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		v
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c	$\vdash \vdash \vdash$	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		
<b>L</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		ļ
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	-32-		-X-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?	24		Х
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33		
u	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990 (2	2010)

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Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		.,	
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	0-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Λ
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	40		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	•	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50	-	
- Ou	any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ <u>.                                    </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b 	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Į	
10	Section 501(c)(7) organizations. Enter.			.,
_	Initiation fees and capital contributions included on Part VIII, line 12  10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross Income from members or shareholders			
a b				
Ь	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ĺ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a		14a	L	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2010)

FATS AND PROTEINS RESEARCH FOUNDATION

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 No Yes 1a 1a Enter the number of voting members of the governing body at the end of the tax year 21 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х 7a governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year 8 by the following. 8a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 X Does the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a X**b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE FOUNDATION - 703-683-2914 N. FAIRFAX STREET, SUITE 205, ALEXANDRIA,

Form 990 (2010)

#### 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.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average		Position (check all that apply)					Reportable	Reportable	Estimated	
	hours per		heck	c all 1	that	арр	ly)	compensation	compensation	amount of	
	week (describe	director						from the	from related organizations	other compensation	
	hours for	튱	<b>.</b>		l	ated		organization	(W-2/1099-MISC)	from the	
	related	trustee	truste		*	Suad	ŀ	(W-2/1099-MISC)	( ,	organization	
	organizations		tonal		yold	15 85 15 85	_			and related	
	In Schedule O)	Individual	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			organizations	
GERALD F. SMITH, JR.	-										
DIRECTOR	2.00	X	_					0.	0.	0.	
CARL WINTZER		١								•	
CHAIRMAN	2.00	X	ļ	X				0.	0.	0.	
DAVID KIRSTEIN	2 00			١.,						0	
VICE CHAIRMAN	2.00	X	<u> </u>	X	ļ			0.	0.	0 .	
DR. SERGIO F. NATES	40.00	١.,		,,			ĺ	145 470		10 005	
PRESIDENT/DIRECTOR OF TECH	40.00	X	-	X	<u> </u>		_	145,478.	0.	18,905	
JAMES ANDREOLI	1 00	,,	1						•	0	
DIRECTOR	1.00	X	-	-	-	-	-	0.	0.	0.	
ROBERT GRIFFIN	1 00	\ <sub>v</sub>							^	0	
DIRECTOR	1.00	X	-	<u> </u>		-		0.	0.	0.	
TIM GUZEK	1 00	\ ,				İ		_	^	0	
DIRECTOR	1.00	X	-	_				0.	0.	0.	
BARRY GLOTMAN	1.00	$\overline{\mathbf{x}}$		<del> </del>		<u> </u>		0.	0.	0.	
DIRECTOR	1.00	12		$\vdash$	$\vdash$		⊢	0.	0.	<u> </u>	
FRED CESPEDES	1.00	x				i		0.	0.	0.	
DIRECTOR	1.00		┼	-	$\vdash$	$\vdash$	⊢	0.	0.	0.	
MIKE WATKINS	1.00	Х					1	0.	0.	0 .	
DIRECTOR	1.00	Α.	$\vdash$	-	├-	-	<u> </u>			0.	
ERIKA WELTZIEN TREASURER	2.00	Х		X				0.	0.	0.	
DON DAVIS	2.00	1	1		┢	+	╁╌		<u>~</u>	<u>~</u> .	
DIRECTOR	1.00	X	i	ľ				0.	0.	0.	
MARK HOHNBAUM		1			T	t	H				
DIRECTOR	1.00	x	ŀ					0.	0.	0.	
JOHN DUPPS		T	†			T	T				
DIRECTOR	1.00	X			ŀ		1	0.	0.	0.	
DAVID KALUZNY, II		<del>                                     </del>	1								
DIRECTOR	1.00	X						0.	0.	0 .	
MICHAEL KOEWLER				İ	ĺ						
DIRECTOR	1.00	X						0.	0.	0 .	
FRANK LUIS					Γ						
DIRECTOR	1.00	X					L	0.	0.	0 .	
032007 12-21-10	- <del> </del>			_						Form <b>990</b> (2010	

Page 8

(A)  Name and title	(B) Average	(C)					est	(D)  Reportable	(E) Reportable			(F)	
ivanie and title	hours per week (describe hours for related organizations in Schedule O)	istee or director	lnstitutional trustæe	k all				compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	on d is	com fr org	nount other opensa om the anizati	of ation e ion ed
ROBERT RILEY, JR. ALTERNATE	1.00	X						0.		0.			0.
NIELS C. LEITH NIELSEN DIRECTOR	2.00	Х						0.		0.			0.
KEVIN CUSTER	2 00	x						0.		0.			0.
DIRECTOR MIKE GLEN	2.00	^	1-	-				0.		-0.			
DIRECTOR	2.00	X				ļ	ļ	0.		0.			0.
DIRECTOR	2.00	х						0.		0.			0.
1b Sub-total					•	>	•	145,478.		0.	1	8,9	05. 0.
<ul> <li>c Total from continuation sheets to Part</li> <li>d Total (add lines 1b and 1c)</li> </ul>	VII, Section A					<b>&gt;</b>		145,478.		0.	1	8,9	
Total number of individuals (including but compensation from the organization	not limited to ti	hose	elist	ed a	bov	e) w	ho r	eceived more than \$100	),000 in reportab	le		-	1
<ul> <li>Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1</li> <li>Did any person listed on line 1a receive or rendered to the organization? If "Yes," continued to the organization?</li> </ul>	such individual sum of reportab 50,000? If "Yes r accrue compe	ole c ," co ensa	omp ompi	ensa lete s	atioi Sch	n an <i>edul</i> y un	d ot	her compensation from for such individual	the organization		3 4 5	Yes X	X
Complete this table for your five highest of the organization.  NONE	compensated in	dep	end	ent c	ont	ract	ors t	that received more than	\$100,000 of cor	npens	ation '	from	
the organization. NUNE:  (A)  Name and busines	ss address							(B) Description of s	services	С		C) ensatio	on
					•								
Total number of independent contractors		not I	imite	ed to		ose I	stec	d above) who received n	nore than				
\$100,000 in compensation from the orga	nization 🚩					<u> </u>				Ł	Form	990 (	(2010)

			· · · · · · · · · · · · · · · · · · ·		TEINS RES	EARCH FOUN	DATION	36-2497	869 Page <b>9</b>
Pa	rt V	Ш	Statement of Reve	nue					
		,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1	а	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		þ	Membership dues	1b					
ls, g		C	Fundraising events	1c					
agit		d	Related organizations	1d					
ins,			Government grants (contribu	· -					
e ti		f	All other contributions, gifts, grain						
윤뒝			similar amounts not included abo	ove 1f					
S E		_	Noncash contributions included in line	s 1a-1f \$					
9		<u>n</u>	Total. Add lines 1a-1f		Business Code				
ايو	2	_	MEMBERSHIP DUES	5	541900	533,490.	533,490.		1
Š	_		ACREC SUPPORT		541900	93,500.	93,500.		
Ser		c	BIO-DIESEL FUNI	)	541900	13,000.	13,000.		<del>-</del>
Program Service Revenue		d			•	,	,		
900		e							
مّا		f	All other program service rev	enue					
		9	Total. Add lines 2a-2f		<b>.</b>	639,990.			
	3		Investment income (including	g dividends, int	erest, and				
			other similar amounts)		<b>&gt;</b>	4,827.			4,827.
	4		Income from investment of ta	ax-exempt bon	d proceeds				
	5		Royalties		<u> </u>				1
				(ı) Real	(II) Personal				
			Gross Rents						
			Less: rental expenses						
ŀ			Rental income or (loss)		<u> </u>	-			
			Net rental income or (loss) Gross amount from sales of	(i) Securitie	<del>-</del>				
ľ	'	a	assets other than inventory	I) Securitie	s (ii) Other				
ŀ		b	Less: cost or other basis						
		~	and sales expenses	ļ	1,231.				
l		С	Gain or (loss)		-1,231.				
			Net gain or (loss)		<b>•</b>	-1,231.	-1,231.		
اه			Gross income from fundraisir	ng events (not					
Other Revenue			including \$	of					
- <u>ě</u> -			contributions reported on line	e 1c). See					
erF			Part IV, line 18		а				
됩			Less direct expenses		b[				
_			Net income or (loss) from fun	-	s <b>&gt;</b> _	<u> </u>			<u> </u>
İ	9	а	Gross income from gaming a	ctivities. See					
		_	Part IV, line 19		a				
-			Less: direct expenses  Net income or (loss) from gar	mina activities	b	ĺ			
			Gross sales of inventory, less						
i		_	and allowances	70.01113	а				
		b	Less: cost of goods sold	-	Ь				
			Net income or (loss) from sale	es of inventory					
Ī			Miscellaneous Reven		Business Code				
İ	11	а	OWNED THOUSE		541900	167.	167.		
		b							
		С							
		d	All other revenue		<u> </u>	1.5			
		е	Total. Add lines 11a-11d		<b>&gt;</b>	167.	630 036		4 007
03200	12 9	_	Total revenue. See instructions			643,753.	638,926.	0.	4,827.
12-21	-10								Form <b>990</b> (2010)

### Part IX Statement of Functional Expenses

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

	All other organizations must comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	406,276.			
2	Grants and other assistance to individuals in	100/2/00	<del></del>		
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	·	<del></del>		<del></del> -
Ŭ	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	35,000.			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		<del>.</del>		
Ŭ	trustees, and key employees	172,984.			
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,002.			<del>"</del>
8	Pension plan contributions (include section 401(k)	,			<del></del>
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,175.			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):	·			
	Management				
b	Legal	1,967.	<del></del>		
c	Accounting	17,100.			
d	Lobbying	•			
e	Professional fundraising services See Part IV, line 17				<del></del>
f	Investment management fees				<del></del>
g				,	
12	Advertising and promotion				
13	Office expenses	4,124.	· · · -		
14	Information technology	15,995.			
15	Royalties				
16	Occupancy	15,941.			
17	Travel	47,112.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19-	Conferences, conventions, and meetings	12,514.			
20	Interest	·			
21	Payments to affiliates				12 - 41
22	Depreciation, depletion, and amortization	854.			
23	Insurance	818.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	OTHER	11,717.			
b	PRINTING AND POSTAGE	2,268.			
С	STORAGE FEES	839.			
d	BANK AND CREDIT CARD CH	824.			
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	781,510.			
26	Joint costs. Check here ▶ ☐ 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				

	•	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	224,837.	1	289,616.
2	Savings and temporary cash investments	502,336.	2	302,285.
3	- · · ·	30270000	3	3027203
4	Accounts receivable, net	<del> </del>	4	
5	Receivables from current and former officers, directors, trustees, key		7	
"	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	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	·
- 1	a Land, buildings, and equipment cost or other			,
'				
	basis. Complete Part VI of Schedule D  b Less: accumulated depreciation  10a 16,644.  10b 16,096.	3,033.	10c	548.
11	Investments - publicly traded securities	<u> </u>	11	
12	(		12	
13	Investments - program-related See Part IV, line 11		13	<del></del>
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	730,206.	16	592,449.
17	Accounts payable and accrued expenses		17	•
18	Grants payable		18	
19	Deferred revenue		19	
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,			
21	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0.
	Organizations that follow SFAS 117, check here X and complete			· · · · · · · · · · · · · · · · · · ·
27 28 29 30 31 32	lines 27 through 29, and lines 33 and 34.	720 206		E00 440
27	Unrestricted net assets	730,206.	27	592,449.
28	Temporarily restricted net assets		28	
29	· _ \		29	
	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.			
30	, , , , ,	<del></del>	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
32	<u> </u>	720 206	32	E00 440
33	Total net assets or fund balances	730,206.	33	592,449.
34	Total liabilities and net assets/fund balances	730,206.	34	592,449

Form **990** (2010)

032012 12-21-10

Form 990 (2010)

#### **SCHEDULE D**

(Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FATS AND PROTEINS RESEARCH FOUNDATION

Employer identification number 36-2497869

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· <del>-</del>
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 advis-	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, P	<del></del>
1	Purpose(s) of conservation easements held by the organizati		****
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements di	uring 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	ve satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No_
-9-	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther 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 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. • \$ • \$
b	Assets included in Form 990, Part X	-	<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

0381-011

Schedule D (Form 990) 2010

4,096.

12,000

d Equipment

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

4,644.

12,000.

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 valuat t or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	_ <del> </del>	<del></del>		<u>,</u>
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶			-	·
Part VIII Investments - Program Related.		e 13		
(a) Description of investment type	(b) Book value		(c) Method of valuat t or end-of-year mark	
(1)			<u> </u>	
(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, III				·
L 1	a) Description			(b) Book value
<del></del>	(a) 0 000 (i) p.(i) (i)			(b) Book value
(1)				
(2)				
(3)				-
(4)				
(5)				
(6)		<del></del>		
(7)				
(8)		<del></del>		
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) I Part X Other Liabilities. See Form 990, Part			<u>▶</u>	
(a) December of helpite	A, IIIle 25.	(b) Amount		
		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total, (Column (b) must equal Form 990, Part X, col (B)	line 25 )			
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot FIN 48 (ASC 740)	te to the organization's financial sta	tements that reports the organiz	ation's liability for uncertain	tax positions under
032053 12-20-10			Sche	dule D (Form 990) 2010

	dule D (Form 990) 2010 FATS AND PROTEINS RESEARCH				<u> 497869</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fi	nancial State	ments	<i></i>	750
1	Totąl revenue (Form 990, Part VIII, column (A), line 12)		1		643	753.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			510.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	<del>-</del>	-137	, /5/•
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.)		9	-		0.
9	Total adjustments (net). Add lines 4 through 8		10		-137	
10 Do-	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemer	nte With R		eturn	137	, , , , , ,
	Total revenue, gains, and other support per audited financial statements	ito with it	evenue per 1	1	644	984.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
2	Net unrealized gains on investments	2a				
a	Donated services and use of facilities	2b		1 1		
b	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV.)	2d	1,231.	1		
	Add lines 2a through 2d			2e	1.	,231.
е 3	Subtract line 2e from line 1			3	643	,231. ,753.
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		1		
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	643	0. ,753.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With I	Expenses per	Return	1	
1	Total expenses and losses per audited financial statements			1	782	,741.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		]		
c	Other losses	2c				
d	Other (Describe in Part XIV)	2d	1,231.	]		
е	Add lines 2a through 2d			2e	1	,231. ,510.
3	Subtract line 2e from line 1			3 _	781	<u>,510.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]		
b	Other (Describe in Part XIV.)	4b				_
С	Add lines 4a and 4b			4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	781	,510.
	t XIV Supplemental Information					
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					4; Part
	RT XII, LINE 2D - OTHER ADJUSTMENTS:					221
LO	SS ON DISPOSAL OF ASSET				<u>_</u>	,231.
PA	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
LO	SS ON DISPOSAL OF ASSET				1	,231.

032054 12-20-10 Schedule D (Form 990) 2010

#### SCHEDULE F (Form 990)

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

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

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization	_		-		Employer identi	fication number
FATS AND PROTEI	NS RESEA	RCH FOUN	DATION		36-24978	69
,			tside the United States. Compl	ete if the organ		
to Form 990, Par						
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of the g	rants or assista	nce, the	
grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gra	ants or assistan	ce?	Yes X No
_						
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outs	ide the United Sta	ates.
3 Activities per Region (T	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If active is a progetion describe	rity listed in (d) gram service, specific type e(s) in region	(f) Total expenditures for and investments in region
		in region				iii region
ORTH AMERICA -			GRANTS TO RECIPIENTS			
CANADA	0	0	LOCATED IN REGION	RESEARCH		26,000.
		i				
ALDOLD DAGO DOVOM	0		GRANTS TO RECIPIENTS LOCATED IN REGION	RESEARCH		9 000
MIDDLE EAST - EGYPT			COCATED IN REGION	RESEARCH		9,000.
<del></del>		•				
	<del></del>					
						1
· · · · · · · · · · · · · · · · · · ·						
				<u></u>		
3 a Sub-total	0	0				35,000.
<b>b</b> Total from continuation		_				
sheets to Part I		0		<del> </del>		0.
c Totals (add lines 3a and 3b)		0				35,000.

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

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

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Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be displacated if additional energies in product

×	
<u> </u>	

Part II can be du	Part II can be duplicated if additional space is needed	space is needed						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA	RESEARCH	26 000 CHECK	СНБСК	0		FMV
		MIDDLE EAST - EGYPT	RESEARCH	9,000,CHECK	CHECK	.0		FMV
						:		
	‡							
2 Enter total number of 1 the IRS, or for which the	recipient organizatio	ns listed above that are el has provided a sectio	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		

3 Enter total number of other organizations or entitles

032072 12-20-10

Schedule F (Form 990) 2010

FATS AND PROTEINS RESEARCH FOUNDATION

Page 3

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

Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						į	
						Schedu	Schedule F (Form 990) 2010

032073 12-20-10

the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2010

Yes X No

Yes X No

6

for Form 5713)

Schedule I (Form 990) (2010) Employer identification number ž 36-2497869 Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. FK 孩 FX ž Governments, and Individuals in the United States O FIN Grants and Other Assistance to Organizations, 0 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. (d) Amount of cash grant 13,040. 6,430 54,400 28,875 300,000 FOUNDATION (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. RESEARCH 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations FATS AND PROTEINS 37-6005961 71-6003252 37-6000511 72-0564834 General Information on Grants and Assistance 57-6000254 (**b**) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization SERVICE - 2110 UNIVERSITY BLVD, SOUTHERN ILLINOIS UNIVERSITY USDA - AGRICULTURAL RESEARCH 2165 NSRIC - AMES, IA 50011 or government 1207 WEST GREGORY DRIVE UNIVERSITY OF ILLINOIS FAYETTEVILLE, AR 72701 UNIVERSITY OF ARKANSAS CARBONDALE, IL 62901 Name of the organization 1125 LINCOLN DRIVE CLEMSON UNIVERSITY CLEMSON UNIVERSITY SC 29634 URBANA, IL 61801 Department of the Treasury 1120 WEST MAPLE Internal Revenue Service SCHEDULE (Form 990) CLEMSON, Parti

Page 2

36-2497869

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.

FATS AND PROTEINS RESEARCH FOUNDATION

Schedule I (Form 990) (2010)

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions.

2010

Open to Public

Name of the organization

Department of the Treasury

FATS AND PROTEINS RESEARCH FOUNDATION

Employer identification number 36-2497869

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	:		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		į	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization.			
2	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	•	х
b		4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
J	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			<u> </u>
	The state of the s			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
_6 <sup>_</sup>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		L

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

Schedule J (Form 990) 2010

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) Drooted (a)	(B) Proskdows of M.2 and/or 1000.MISC compensation	le Compagation	٤	Ę	Ú	Œ
		(a) Dieakdowii i	אייב שוטיטו וטששיוע	iloc compensation	Botirement and	Nontaxable	Total of columns	Compensation
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or
								Form 990-EZ
	€	145,47			7,27	11,631.	164,383.	0
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Schedule J (Form 990) 2010

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

## 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 Open to Public Inspection

Internal Revenue Service Name of the organization

FATS AND PROTEINS RESEARCH FOUNDATION

Employer identification number 36-2497869

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

TERM.

<sup>(2)</sup> EACH SUSTAINING MEMBER SHALL BE ENTITLED TO APPOINT ONE DIRECTOR TO

Name of the organization

FATS AND PROTEINS RESEARCH FOUNDATION

Employer identification number 36-2497869

SERVE FOR A ONE YEAR TERM. SHOULD A SUSTAINING MEMBER FAIL TO APPOINT A DIRECTOR, THAT DIRECTOR WILL BE ELECTED BY THE FULL MEMBERS.

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

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

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

WAS REVIEWED AND APPROVED BEFORE FILING BY THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS ARE REQUIRED TO DISCLOSE
ANY POTENTIAL CONFLICTS OF INTEREST RELATED TO THE ASSOCIATION IN WRITING
ON AN ANNUAL BASIS. OFFICERS AND MANAGEMENT REVIEW ANNUAL DISCLOSURES TO
ENSURE ANY CONFLICTS ARE IDENTIFIED.

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

BOARD-REVIEWS-RECOMMENDATIONS FROM THE PRESIDENT OF THE ASSOCIATION FOR ALL

SALARY AND COMPENSATION CHANGES BASED ON HISTORICAL DATA AND FISCAL

STABILITY OF THE ASSOCIATION. THE PRESIDENTS SALARY IS DETERMINED AND

APPROVED FROM THE SAME COMMITTEE BASED ON THE FISCAL STABILITY OF THE

ASSOCIATION.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST.

# 4562 <sub>Form</sub>

Department of the Treasury Internal Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

23 For assets shown above and placed in service during the current year, enter the

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

FATS AND PROTEINS RESEARCH FOUNDATION

► Attach to your tax return.

2010

Attachment Sequence No 67

36-2497869

Business or activity to which this form relates

FORM 990 PAGE 10

990

Identifying number

Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 854. 16 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010

	Section B - Asset	ts Placed in Service	e During 2010 Tax Year	Using the Gen	eral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						_
þ	5-year property						
С	7-year property				-		
d	10-year property						
е	15-year property						
f	20-year property						
9	25-year property			25 yrs.		S/L	
	D I	/		27 5 yrs.	MM	S/L	
h	Residential rental property	/		27 5 yrs	MM	S/L	
	Newscaldential real property	/		39 yrs	MM	S/L	
•	Nonresidential real property	/			MM	S/L	
	Section C - Assets	Placed in Service	During 2010 Tax Year U	sing the Altern	ative Depre	ciation Sys	stem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
						1	

portion of the basis attributable to section 263A costs

16251
2-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

Summary (See instructions.)

21 Listed property. Enter amount from line 28

Form 4562 (2010)

854.

21

22

40-year

Part IV

23

016252 12-21-10

Form 4562 (2010)

0381-011

43

44

43 Amortization of costs that began before your 2010 tax year

44 Total. Add amounts in column (f). See the instructions for where to report