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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black tung benefit trust or private foundation)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calenda	ar year, or tax year beginning	, 2011, an	d ending		, 20	
В	Check if ap	plicable	C Name of organization			D Employ	er identification number	
	Address ch	nange	MARS RESEARCH INC			45-	0513523	
$\overline{\Box}$	Name char	nge	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telepho	ne number	
$\overline{\Box}$	Initial returi	n						
$\overline{\sqcap}$	Terminated	1	PO BOX 159			(51	5) 852-4791	
$\overline{\cap}$	Amended r	return	City or town, state or country, and ZIP + 4			F Group E	xemption	
$\overline{\Box}$	Application	pending	WILLIAMS, IA 50271			Number	•	
G	Accoun	iting Method	Cash ☐ Accrual Other (specify) ▶		н	Check ▶	if the organization is no	t
1	Websit	te: 🕨				required to a	attach Schedule B	
J ·	Tax-exe	mpt status (d	check only one) - 🔀 501(c) (3)	4947(a)(1) o	r 527	(Form 990, 9	990-EZ, or 990-PF)	
K	Check	If the or	rganization is not a section 509(a)(3) supporting organization o	r section 5	27 organizatio	on and its gro	ss receipts are normally	_
	not mor	e than \$50,00	0. A Form 990-EZ or Form 990 return is not required though F	orm 990-N	(e-postcard)	may be requir	ed (see instructions) But if	f
			ses to file a return, be sure to file a complete return					
L	Add line	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$	\$200,000 o	r more, or if to	otal assets (Pa	art II,	
١	line 25, d	column (B) be	elow) are \$500,000 or more, file Form 990 instead of Form 990	-EZ			▶\$ 84,1	52
	art I		e, Expenses, and Changes in Net Assets or Fur				for Part I)	
_		Check if th	e organization used Schedule O to respond to any question in	this Part I				₫
	1		s, gifts, grants, and similar amounts received			I	1 55,1	
	2	Program ser	_	2	_			
	3		dues and assessments				3	_
	4	Investment in					4	_
	5a	Gross amoui	nt from sale of assets other than inventory		1	· · · · · · ·		_
	1		other basis and sales expenses	5b				
_) from sale of assets other than inventory (Subtract line 5b from	m line 5a)	ı		5c	
			fundraising events	,	• • • • •	• • • • • •		
R		•	e from gaming (attach Schedule G if greater than					
ě		\$15,000)	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	6a	4			
n	Ь		e from fundraising events (not including \$	• • •	of contributio	ns		
u e		from fundrais						
		sum of such						
	c		expenses from garning and fundraising events	· · · _				
			or (loss) from gaming and fundraising events (add lines 6a and	• • •	_t btract			
		line 6c)				i	6d	
	7a	Gross sales	of inventory, less returns affoliallowances	7a	i		-	_
	1	Less cost of		7b				
	c	Gross profit	or (loss) from salestof inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenu	ue (describe in Schedule-O)				8 29,04	41
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			ĬĬĬĬ₽Ĭ	9 84,1	
	10	Grants and s	similar amounts paid (list in Schedule O)				10 75,00	
E	11		to or for members			<u> </u>	11	_
3 X	12	•	er compensation, and employee benefits)- -	12	
4 P	13					-	13	_
n	14		rent, utilities, and maintenance			<u> </u>	14	_
9	15	, .	lications, postage, and shipping			—	15	_
3 S	16		ses (describe in Schedule O)			·	16 1,2	79
	17		ses. Add lines 10 through 16			<u> </u>	17 76,2	
_	18					• • • • •	18 7,8	
NS S	19	· ·	r fund balances at beginning of year (from line 27, column (A))			· · · · · ·		_
e e		end-of-year f		19 5,3°	75			
t	20	=					20	
S	21		r fund balances at end of year. Combine lines 18 through 20				21 13,24	48
For	Paperv		on Act Notice, see the separate instructions.		EEA	· · · · · ·	Form 990-EZ (201	



	rm 990-EZ (2011) MARS RESEARCH INC				45-0	513	523 Page 2
P	art II Balance Sheets.(see the instructions for Part II)						
	Check if the organization used Schedule O to respond	to any question in this	Part II		<u></u>		
				(A) Be	ginning of year		(B) End of year
22	Cash, savings, and investments		[5,375	22	13,248
	Land and buildings				0	23	0
24	Other assets (describe in Schedule O)				0	24	0
	Total assets				5,375	25	13,248
			· · · · · · · · · · · · · · · · · · ·		0	26	0
	Net assets or fund balances (line 27 of column (B) must agree	· · · · · · · · · · · · · · · · · · ·	-		 	27	<u>_</u>
_				D - 4 II	5,375	21	13,248
	art III Statement of Program Service Accomplis	•			•		Expenses
	Check if the organization used Schedule O to respond		Part III		<u> U</u>	4 `	quired for section
Wh	nat is the organization's primary exempt purpose? MEDICAL RE	SEARCH				501	(c)(3) and 501(c)(4)
as	scribe the organization's program service accomplishments for ea measured by expenses. In a clear and concise manner, describe	the services provided,				494	anizations and sectior 7(a)(1) trusts, optiona
<u> </u>	rsons benefited, and other relevant information for each program to					for (others)
28	CONTINUED SUPPORT OF MEDICAL RESEARCH FOR	A CURE FOR					
	MULTIPLE SCLEROSIS						
	(Grants \$) If this amount in	ncludes foreign grants,	check here .		▶ □	28a	· l c
29	PUBLIC EDUCATION AND INFORMATION ON MULTIP		`				- -
					· · · · · · · · · · · · · · · · · · ·		
	(Create C					20-	
	(Grants \$) If this amount in	ncludes foreign grants,	cneck nere .	• • •	<u>P</u>	29a	0
30						1	
		ncludes foreign grants,				30a	
31	Other program services (describe in Schedule O)						
		ncludes foreign grants,				31a	
32	Total program service expenses (add lines 28a through 31a)					32	0
	art IV List of Officers, Directors, Trustees, and Key Empl	ovees. List each one	even if not cor	npensa	ted. (see the ins	tructi	ions for Part IV.)
ш	Check if the organization used Schedule O to respond		D = 4 11 /				
	Shook if the digunization adda deficiency of to respond	1	(c) Reportab		(d) Health benefits,		••••
		(b) Title and average	compensate		contributions to empl	- 1	(e) Estimated amount of
	(a) Name and address	hours per week	(Form W-2/1099		benefit plans, and		other compensation
		devoted to position	(if not paid, ent	ter -0-)	deferred compensa	tion	<u> </u>
WA.	YNE ANDERSON	PRESIDENT					
21	58 VAIL AVE, WILLIAMS IA 50271	0		C		þ	0
MA	RLENE ANDERSON	VICE PRESIDENT					
21	58 VAIL AVE, Williams IA 50271	0		c		d	0
	NDA CLASSON	TREASURER				-7	<u> </u>
				_		٦	•
	1 APRICOT AVE, DOWS IA 50071	0				_4	0
	ENT RASTETTER	SECRETARY					
21	31 QUAIL RIDGE RD, Ames IA 50010	0				q	0
_		 	 			-+	
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_							
_		1					
_		1				\dashv	
							
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_							
						- 1	

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Form 990-EZ (2011)

Forn	990-EZ (2011) MARS RESEARCH INC 45-051	3523	F	Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		-	
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b		35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	-		-
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			-
39	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on line 9			
b		-		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	-		ĺ
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			İ
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	ı		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	ı		l
	reimbursed by the organization			ĺ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1 1		
	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed			
42 a		515-85	2-47	791
		071		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	!	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ĺ
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		. •	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year		•	_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
-	completed instead of Form 990-EZ	44b		v
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4	explanation in Schedule O	44d		į
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	138		X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	5 000 57 (see restrictions)	45b		v
_	Form 990-EZ (see instructions)	750		<u> </u>

Form	990-EZ	(2011)	MARS RESEARCH IN	C			45-051352	:3	Page 4
						-		Ye	s No
46	•	_	age, directly or indirectly, i						1
	to cand	lidates for public o	office? If "Yes," complete c)(3) organizations a	Schedule C, Part I			. _	46	X
Par	t VI	Section 501(d	c)(3) organizations a	ind section 4947(a)(1) nonexempt ch	aritable trust	s only. All so	ection	
			nizations and section		empt charitable trust	s must answe	r questions 4	17-49b	
			omplete the tables for						
		Check if the or	rganization used Sch	edule O to respond	to any question in t	his Part VI	<u></u>		<u> D</u>
							_	Yes	s No
47		•	age in lobbying activities o	• •	_				
								47	X
48		-	ool as described in section					48	X
49a			e any transfers to an exer		ed organization?		 	49a	X
b			organization a section 527				· · · · · · _	49b	J
50			ne organization's five highe						
	employ	ees) who each re	ceived more than \$100,00	0 of compensation from	the organization If ther	e is none, enter *	None "		
	(8	a) Name and address of	of each employee	(b) Title and average	(c) Reportable	(d) Health benef contributions to em		timated amo	ount of
		paid more tha		hours per week	compensation	benefit plans, and d	eferred oth	er compens	
				devoted to position	(Forms W-2/1099-MISC)	compensatio	.1	·	
	_								
NONE	<u> </u>								
									
	-								
	1								
f	Total ni	umber of other em	ployees paid over \$100,0	00		!			
51			ne organization's five highe	· · · · · ·	ndent contractors who e	ach received moi	re than		
			on from the organization.						
(a)	Name and	d address of each indep	endent contractor paid more than	\$100,000	(b) Type of service	e	(c) Comper	nsation	
NONE	2								
	-		 			<u> </u>			
			lependent contractors eac	•	· · · · — — — — — — — — — — — — — — — —		 		
52		-	plete Schedule A? Note:			•	. =	V \square	N
Undaa			sts must attach a complet					Tes	No
			have examined this return, including			my knowledge and bei	æτ, it is		
1100, 66	arect, and	complete Declaration	of preparer (other than officer) is be	ased on all information of which	preparer has any knowledge				
		Mino	to WI Marile						
Sigr	ו ו	Signature of office	<u>fa M. Classon</u> fa M. Classon	/		Date			
Here	•	Aug	for M Maccon	Treas.			2.7017		
	l	Type or print name	ne and title	11eas.		J-2	-20/Z		
		Print/Type preparer's	name P	reparer's signature	Date	Check	T PTIN		
Paid						self-em	□ "		
Prepa	arer	Firm's name				Firm's EIN	<u> </u>		
Use (Firm's address				I IIII S EII 4			
	,		·	.		Phone no			
May t	he IRS	discuss this return	with the preparer shown	above? See Instructions	 \$	l l		Yes 🗍	No
					EEA		<u> </u>	n 990-E2	

Page 4

Form 990-EZ (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2011

Open to Public Inspection

Employer identification number

		ESEARCH INC								0513523			
Pa	त्त् 🛚	Reason for	Public Charity	y Status (All organiz	ations mu	st complete	e this part.) See inst	ructions		-		
The	orga	nization is not a priva	te foundation beca	ause it is: (For lines 1 th	rough 11,	check only	one box)		•				
1		A church, conventio	n of churches, or a	association of churches	described	ın section	170(b)(1)	(A)(i).					
2	$\overline{\sqcap}$	A school described	n section 170(b)(1)(A)(ii). (Attach Schede	ule E)								
3	$\overline{\sqcap}$			rvice organization desci		ction 170(b)(1)(A)(ii	i).					
4	$\overline{\Box}$		•	ated in conjunction with				•	(A)(iii). Er	nter the ho	soital's r	name.	
	ш	city, and state		,					· /··/· –·				
5	\Box	· · · · · · · · · · · · · · · · · · ·	rated for the benef	fit of a college or univers	sity owned	or operate	ed by a gov	/emmenta	l unit desc	ribed in			
•	Ш	section 170(b)(1)(A		<u> </u>	only ownion	or operate	od by a go	, , , , , , , , , , , , , , , , , , , ,					
6	$\overline{}$			r governmental unit des	cribed in e	action 17	0/5\/1\/ <i>6</i> \/	M					
7	닐		-	•				•	. tha aana	مراطريم امد			
′	X	-	•	a substantial part of its	support ir	om a gove	ininentai t	init or iron	i the gene	rai public			
	r	described in section		• •									
8	\sqcup	•		n 170(b)(1)(A)(vi). (Con	•	•							
9		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
				empt functions - subjec		•							
		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.)											
acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)													
0		-	•	ed exclusively to test for	•	•							
1		An organization orga	anized and operate	ed exclusively for the be	nefit of, to	perform th	e function	s of, or to	carry out t	he			
				orted organizations des						e section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizat	ion and co	mplete line	es 11e thro	ough 11h				
		a 🗌 Typel	b 🗌 Тур	ell c	Type II	-Functiona	ally integra	ted	d	Type	III-Othe		
е		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											
		persons other than f	oundation manage	ers and other than one o	r more pu	olicly supp	orted orga	nızations	described	in section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written d	etermination from the IF	RS that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check	this box										Г
g		Since August 17, 20	06, has the organi	zation accepted any gift	or contrib	ution from	any of the						_
		following persons?											
		(i) A person who	directly or indirectly	controls, either alone of	or together	with perso	ns describ	ed in (ii)				Yes	No
		• • • • • • • • • • • • • • • • • • • •	•	y of the supported organ	•	•		. ,			11g(i)	 	
				cribed in (i) above?							11g(ii)		
		•	•	on described in (i) or (ii)						• • • • •	11g(iii)	 	_
h				t the supported organiza			• • • • •					L	<u> </u>
	(i) N	lame of supported	(ii) EIN	(iii) Type of organization	(N) Is the	roanization	(v) Did yo	ou notify	(va)	Is the	(vii)	Amount	of
	••	organization	, ,	(described on lines 1-9	ın col (i) lı	-	the organi	•	organizati			upport	-
				above or IRC section	governing	document?	col (i)	of your port?	(i) organiz	ted in the S ?			
				(see instructions)	Yes	No	Yes	No	Yes	No			
A)					165	110	165	140	105	140			-
~,													
B)					ļ	ļ	ļ						_
D)				•	1								
		1			<u> </u>					ļ			
C)					,								
									<u> </u>				
D)													
					<u> </u>								
E)											I		
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		· · · · · · · · · · · · · · · · · · ·			1								
Tota	ı									1			

Schedule, A (Form 990 or 990-EZ) 2011 Page 2 MARS RESEARCH INC 45-0513523 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 48,753 57,565 51,519 45,433 55,111 258,381 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 48,753 57,565 51,519 45,433 55,111 258,381 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) Public support. Subtract line 5 from In 4 258,381 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4 48,753 55,111 57,565 51,519 258,381 45,433 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 88 sources 429 517 Net income from unrelated business activities, whether or not the business is Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV)...... 12,234 9,611 14,090 29,041 82,174 17,198 Total support. Add lines 7 through 10 341,072 11 12 13 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 75.76 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) %

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					 	 		_	 	_
	••					 •				

15	Public support percentage from 2010 Schedule A, Part II, line 14	%
16a	33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	
	and stop here. The organization qualifies as a publicly supported organization	► X
b	33 1/3% support test - 2010. 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 stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b	10%-facts-and-circumstances test - 2010. 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 stop here. Explain in Part IV how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
12	Private foundation of the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	ightharpoonup

MARS RESEARCH INC Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Se	ction A. Public Support			-			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-					
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support		•	•			1
	endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		1				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			1			
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for the or organization, check this box and stop here					(c)(3)	▶ □
	ction C. Computation of Public Sup	pport Percen	itage				
15	Public support percentage for 2011 (line 8, c	olumn (f) divided	by line 13, columi	י (f))		15	%
16 C	Public support percentage from 2010 Scheduction D. Computation of Investmen	ule A, Part III, lin	e 15	<u></u>	<u></u>	16	%
				l (A)		T-2~ T	
	Investment income percentage for 2011 (line					17	%
	Investment income percentage from 2010 So					18	%
	33 1/3% support tests - 2011. If the organiz 17 is not more than 33 1/3%, check this box	and stop here.	The organization q	ualifies as a public	ly supported orga	nization	▶ □
	33 1/3% support tests - 2010. If the organiz line 18 is not more than 33 1/3%, check this	box and stop he	re. The organization	on qualifies as a p	ublicly supported	organization	▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	19b, check this bo:	x and see instructi	ons	▶ 🗂

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organization e of organization			Employe	ridentification number
MA	RS RESEARCH INC			45-051	3523
		ization is exempt under sect	ion 501(c) or i		
1 2 3	Provide a description of the organization Political expenditures			▶ \$	
Щ.		ization is exempt under secti			
1 2	Enter the amount of any excise tax incur Enter the amount of any excise tax incur				
3 4a b	If "Yes," describe in Part IV	55 tax, did it file Form 4720 for this yea			. Yes No
1 2 3 4 5	Enter the amount directly expended by tactivities Enter the amount of the filing organization 527 exempt function activities Total exempt function expenditures Add line 17b Did the filing organization file Form 1120 Enter the names, addresses and employ organization made payments For each of the amount of political contributions recease a separate segregated fund or a political contribution or a political contribution or a political contribution.	on's funds contributed to other organization for section 527 en's funds contributed to other organization in a section 527 en's funds contributed to other organization funds of the section of the secti	ations for section 1120-POL, cotion 527 political and from the filing elivered to a separation		. Yes No filing enter such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			 	-	

	dule C (Form 990 or 990-EZ) 2011 MARS RESEARCH				45-0513	
Pa	complete if the organization	is exempt ui	nder section 501	(c)(3) and filed	Form 5768 (elec	tion under
_	section 501(h)).	(6)	. 7 11			
Α	Check ▶ ☐ if the filing organization belongs to	· ·		- ·	members	
ь	name, address, EIN, expenses, ar			•		
<u>-</u>	Check Inf the filing organization checked by		<u></u>	рріу.		63.45
		ying Expenditur			(a) Filing organization's totals	(b) Affiliated group totals
1a	(The term "expenditures" n Total lobbying expenditures to influence public o		•		o garmanion o totolo	
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1b					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 10	and 1d)		• • • • • • • •		
f	Lobbying nontaxable amount Enter the amount					
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amour			
	Not over \$500,000	20% of the ar	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line					
h	Subtract line 1g from line 1a If zero or less, ente					
i	Subtract line 1f from line 1c. If zero or less, enter					
j	If there is an amount other than zero on either lin	e 1h or line 1ı, dı	the organization file	Form 4720		
	reporting section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		Yes No
	(Some organizations that r	nade a section 5	Period Under Sectio 01(h) election do no ctions for lines 2a th	ot have to complete		
	Lobby	ng Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
			FF4		School to C /For	900 or 900 E71 2011

Schedyle C (Form 990 or 990-EZ) 2011 MARS RESEARCH INC	-0513	1 523 Page 3	
Part II-B Complete if the organization is exempt under section 501(c)(3) a	and has NOT filed F	orm :	5768
(election under section 501(h)).			
For each "Voo" represents lines to through tilbelow provide in Dort IV a detailed descript	tion	(a)	(b)
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed descript of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local		╁╌┼	
legislation, including any attempt to influence public opinion on a legislative matter or			
referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		+	
		+	
c Media advertisements?		++	
d Mailings to members, legislators, or the public?		+	
e Publications, or published or broadcast statements?		+-+	
f Grants to other organizations for lobbying purposes?		 	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		 	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		\vdash	
i Other activities?		\longmapsto	
j Total Add lines 1c through 1i	• • • • • • •		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912		1 1	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l L	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		11	
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)(5),	or sec	tion
501(c)(6).			
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ			
answered "Yes."			
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			-
political expenses for which the section 527(f) tax was paid).		1 1	
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due:	es	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
excess does the organization agree to carryover to the reasonable estimate of nondeductible lob		1	
and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line	5. Part II-A, and Part II-F	3. line	
Also, complete this part for any additional information		.,	
			
			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

Employer

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

2011

MARS RESEARCH INC 45-0513523 01. Description of other revenue (Part I, line 8) Description Amount RAFFLE 2,214 GOLF OUTING/ AUCTION 26,827 02. List of grants and similar amounts paid (Part I, line 10) Activity MEDICAL RESEARCH Grantee NATIONAL MULTIPLE SCLEROSIS SOCIETY Address 8180 UNIVERSITY BLVD SUITE B CLIVE IA 50325 Relationship NONE Amount 75,000 NONE Relationship 03. Description of other expenses (Part I, line 16) Description Amount INTERNET 849 BOARD MEETING EXPENSE 236 LIABILITY INS 194