See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0052

2011

For calendar year 2011, or tax year beginning 6/01 , 2011, and ending 5/31 , 2012

LIFE SCIENCES RESEARCH FOUNDATION
3520 SAN MARTIN DRIVE
BALTIMORE, MD 21218

A Employer identification number
52-1231801

B Telephone number (see the instructions)
410-467-2597

C If exemption application is pending, check here ► ☐

D 1 Foreign organizations, check here ► ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ► ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ► ☐

F If the foundation is in a 60 month termination under section 507(b)(1)(B), check here ► ☒

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) ► $ 2,224,234

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) (Part I column (d) must be on cash basis)

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts grants etc received (att sch)	2,765,475.			
	2 Ck ► ☐ if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	18,835.			
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	2,784,310.	0.	0.	
OPERATING AND ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors trustees etc	28,112.			28,112.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch)				
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule) (see instrs)				
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	34,655.			34,655.
	22 Printing and publications				
	23 Other expenses (attach schedule) SEE STATEMENT 1	20,957.			20,957.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	83,724.			83,724.
	25 Contributions, gifts, grants paid PART XV	2,601,556.			2,601,556.
	26 **Total expenses and disbursements.** Add lines 24 and 25	2,685,280.	0.	0.	2,685,280.
	27 Subtract line 26 from line 12:				
	a **Excess of revenue over expenses and disbursements**	99,030.			
	b **Net investment income** (if negative enter 0)		0.		
	c **Adjusted net income** (if negative, enter 0-)			0.	

RECEIVED
MAR 1 2013
OGDEN, UT
IRS-SO

SCANNED MAR 18 2013

17

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing			
	2 Savings and temporary cash investments	1,529,870.	2,213,069.	2,224,234.
	3 Accounts receivable ►			
	Less allowance for doubtful accounts ►			
	4 Pledges receivable ►			
	Less allowance for doubtful accounts ►			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach sch) ►			
	Less allowance for doubtful accounts ►			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U S and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule)			
	c Investments — corporate bonds (attach schedule)			
	11 Investments — land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
	12 Investments — mortgage loans			
	13 Investments — other (attach schedule)			
	14 Land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
	15 Other assets (describe ►)			
	16 **Total assets** (to be completed by all filers — see the instructions Also, see page 1, item I)	1,529,870.	2,213,069.	2,224,234.
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue	754,666.	1,310,854.	
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ► SEE STATEMENT 2)	56,204.	84,185.	
	23 **Total liabilities** (add lines 17 through 22)	810,870.	1,395,039.	
NET ASSETS OR FUND BALANCES	**Foundations that follow SFAS 117, check here ► [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	719,000.	818,030.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	719,000.	818,030.	
	31 **Total liabilities and net assets/fund balances** (see instructions)	1,529,870.	2,213,069.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	719,000.
2	Enter amount from Part I, line 27a	2	99,030.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	818,030.
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	818,030.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day year)	(d) Date sold (month, day, year)
1a	N/A			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) — If gain, also enter in Part I, line 7; If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) N/A

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If 'Yes,' the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2010			
2009			
2008			
2007			
2006			

2	**Total** of line 1, column (d)	2	
3	Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	
7	Add lines 5 and 6	7	
8	Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ☐ and enter 1% of Part I, line 27b	1	0.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	0.
6	Credits/Payments		
a	2011 estimated tax pmts and 2010 overpayment credited to 2011 — 6a		
b	Exempt foreign organizations – tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	0.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	Tax due If the total of lines 5 and 8 is more than line 7, enter **amount owed** ►	9	0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ►	10	
11	Enter the amount of line 10 to be **Credited to 2012 estimated tax** ► **Refunded** ►	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1b		X
	*If the answer is 'Yes' to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► $ 0. (2) On foundation managers ► $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If 'Yes,' attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	4b		N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If 'Yes,' attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If 'Yes,' complete Part II, column (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► DC			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If 'No,' attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities *(continued)*

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► DR. DONALD D. BROWN Telephone no ► 410-467-2597

Located at ► 3520 SAN MARTIN DRIVE BALTIMORE MD ZIP + 4 ► 21218

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** – Check here N/A ► ☐

and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A

			Yes	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X

See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country ►

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is 'Yes' to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		N/A
	Organizations relying on a current notice regarding disaster assistance check here ► ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☒ No			
	If 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer 'No' and attach statement – see instructions)	2b		N/A
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ► 20__ , 20__ , 20__ , 20__			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If 'Yes,' did it have excess business holdings in 2011 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)*	3b		N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	☒ Yes	☐ No		
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	☐ Yes	☒ No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No		
b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			5b	X
Organizations relying on a current notice regarding disaster assistance check here ► ☐				
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes	☐ No		
If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X
If 'Yes' to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 3		28,112.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1– see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ► 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 THE ORGANIZATION AWARDS POST-DOCTORAL FELLOWSHIPS TO QUALIFYING SCIENTISTS. FELLOWSHIPS ARE FUNDED BY CORPORATE SPONSORS AND OTHER FOUNDATIONS.	2,685,280.
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ►	0.

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1,903,971.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	1,903,971.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,903,971.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	28,560.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,875,411.
6	**Minimum investment return.** Enter 5% of line 5	6	93,771.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6		1	93,771.
2a	Tax on investment income for 2011 from Part VI, line 5	2a		
b	Income tax for 2011 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		3	93,771.
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	93,771.
6	Deduction from distributable amount (see instructions)		6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	93,771.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	2,685,280.
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,685,280.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,685,280.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				93,771.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years 20___, 20___, 20___		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006 1,280,159.				
b From 2007 1,287,050.				
c From 2008 1,188,773.				
d From 2009 1,542,910.				
e From 2010 2,210,022.				
f **Total** of lines 3a through e	7,508,914.			
4 Qualifying distributions for 2011 from Part XII, line 4 ► $ 2,685,280.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2011 distributable amount				93,771.
e Remaining amount distributed out of corpus	2,591,509.			
5 Excess distributions carryover applied to 2011 *(If an amount appears in column (d), the same amount must be shown in column (a).)*	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,100,423.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	1,280,159.			
9 **Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a	8,820,264.			
10 Analysis of line 9				
a Excess from 2007 1,287,050.				
b Excess from 2008 1,188,773.				
c Excess from 2009 1,542,910.				
d Excess from 2010 2,210,022.				
e Excess from 2011 2,591,509.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ►

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2011	Prior 3 years (b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year – see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ► ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

SEE STATEMENT 4

b The form in which applications should be submitted and information and materials they should include

SEE STATEMENT FOR LINE 2A

c Any submission deadlines

SEE STATEMENT FOR LINE 2A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE STATEMENT FOR LINE 2A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE SCHEDULE ATTACHED ,	NONE	PUBLIC	GRANTS PAID TO RECIPIENT FOR THE PURPOSE OF CONDUCTING BASIC BIOLOGICAL RESEARCH AT THE INSTITUTION CHOSEN BY THE RECIPIENT	2,601,556.
Total			► **3a**	2,601,556.
b *Approved for future payment*				
SEE SCHEDULE ATTACHED ,	NONE	PUBLIC	GRANTS TO BE PAID TO RECIPIENT FOR THE PURPOSE OF CONDUCTING BASIC BIOLOGICAL RESEARCH AT THE INSTITUTION CHOSEN BY THE RECIPIENT	7,330,424.
Total			► **3b**	7,330,424.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	18,835.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				18,835.	
13 **Total.** Add line 12, columns (b), (d), and (e)				13	18,835.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a (1)		X
	(2) Other assets	1a (2)		X
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b (1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b (2)		X
	(3) Rental of facilities, equipment, or other assets	1b (3)		X
	(4) Reimbursement arrangements	1b (4)		X
	(5) Loans or loan guarantees	1b (5)		X
	(6) Performance of services or membership or fundraising solicitations	1b (6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is 'Yes,' complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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

▶ Donald Brom — Signature of officer or trustee
3/6/13 — Date
▶ President — Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self employed	PTIN
JAMES E. CRISP	JAMES E. CRISP	2/14/13		P00025401

Firm's name ▶ GROSS MENDELSOHN & ASSOCIATES P.A. — Firm's EIN ▶ 52-0982413

Firm's address ▶ 36 S CHARLES ST STE 1800, BALTIMORE, MD 21201-3102 — Phone no (410) 685-5512

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545 0047

2011

Name of the organization	Employer identification number
LIFE SCIENCES RESEARCH FOUNDATION	52-1231801

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)(____) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year ► $_____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization: LIFE SCIENCES RESEARCH FOUNDATION

Employer identification number: 52-1231801

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMGEN, INC. ONE AMEGEN CENTER DRIVE THOUSAND OAKS, CA 91320	$ 70,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2	HOWARD HUGHES MEDICAL INSTITUTE 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	$ 1,147,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
3	THE ELLISON MEDICAL FOUNDATION 4710 BETHESDA AVENUE BETHESDA, MD 20814	$ 224,243.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
4	GENENTECH, INC. 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080	$ 57,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
5	ROCHE PHARMACEUTICALS 340 KINGSLAND STREET NUTLEY, NJ 07100	$ 57,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
6	LILLY RESEARCH LABORATORIES LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285	$ 56,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: LIFE SCIENCES RESEARCH FOUNDATION

Employer identification number: 52-1231801

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MERCK & CO., INC. 770 SUMNEYTOWN PIKE WEST POINT, PA 19486	$ 131,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
8	NOVARTIS INST. BIOMEDICAL RESEARCH 220 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	$ 114,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
9	SCHERING-PLOUGH FOUNDATION 1095 MORRIS AVENUE UNION, NJ 07083	$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
10	PFIZER, INC. EASTERN POINT RD GROTON, CT 06340	$ 228,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
11	O'DONNELL FOUNDATION 100 CRESCENT COURT, SUITE 1660 DALLAS, TX 75201	$ 56,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
12	JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	$ 7,738.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: LIFE SCIENCES RESEARCH FOUNDATION

Employer identification number: 52-1231801

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DEPARTMENT OF ENERGY 9800 SOUTH CASS AVENUE ARGONNE, IL 60439	$ 57,120.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
14	THE GORDON & BETTY MOORE FOUNDATION 1661 PAGE MILL ROAD PALO ALTO, CA 94304	$ 521,201.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
15	MIYOUNG CHUN 968 NORTH PATTERSON AVE SANTA BARBARA, CA 93111	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
____		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
____		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
____		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: LIFE SCIENCES RESEARCH FOUNDATION

Employer identification number: 52-1231801

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: LIFE SCIENCES RESEARCH FOUNDATION

Employer identification number: 52-1231801

Part III ***Exclusively* religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete cols **(a)** through **(e)** and the following line entry

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year (Enter this information once See instructions) ► $ N/A

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

STATEMENT 1
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FUNDRAISING EXPENSES	$ 640.			$ 640.
OFFICE EXPENSES	8,892.			8,892.
OTHER EXPENSES	268.			268.
PROFESSIONAL FEES	11,150.			11,150.
TELEPHONE	7.			7.
TOTAL	$ 20,957.	$ 0.	$ 0.	$ 20,957.

STATEMENT 2
FORM 990-PF, PART II, LINE 22
OTHER LIABILITIES

ESCROW PAYABLE	$ 84,185.
TOTAL	$ 84,185.

STATEMENT 3
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. DONALD D. BROWN 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	PRESIDENT 2.00	$ 0.	$ 0.	$ 0.
DOUGLAS E. KOSHLAND 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	VICE PRESIDENT 2.00	0.	0.	0.
SOLOMON H. SNYDER 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	DIRECTOR 2.00	0.	0.	0.
BRUCE ALBERTS 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
DAVID BALTIMORE 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.

STATEMENT 3 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PAUL BERG 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	$ 0.	$ 0.	$ 0.
MICHAEL S. BROWN 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
JASPER RINE 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
CHRISTINE PRATT 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TREASURER 24.00	18,850.	0.	0.
PETER AGRE 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
JAMES E. DARNELL, JR. 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
MARK FISHMAN 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
ALFRED G. GILMAN 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
DAVID V. GOEDDEL 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
JOSEPH L. GOLDSTEIN 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
PETER JACKSON 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
STEVEN L. MCKNIGHT 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.

STATEMENT 3 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CECIL PICKETT 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	$ 0.	$ 0.	$ 0.
WILLIAM RUTTER 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
PHILLIP A. SHARP 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
MAXINE F. SINGER 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
SHIRLEY M TILGHMAN 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
ROBERT TJIAN 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
JAMES WATSON 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
MARK B. ROTH 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
SUSAN DIRENZO 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	ASST DIRECTOR 16.00	9,262.	0.	0.
JAMES BROACH 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	CO-DIRECTOR 2.00	0.	0.	0.
THOMAS SILHAVY 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	CO-DIRECTOR 2.00	0.	0.	0.
SUSAN WESSLER 3520 SAN MARTIN DRIVE BALTIMORE, MD 21218	TRUSTEE 2.00	0.	0.	0.
	TOTAL	$ 28,112.	$ 0.	$ 0.

STATEMENT 4
FORM 990-PF, PART XV, LINE 2A-D
APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:	SEE ATTACHED STATEMENT
NAME:	SEE ATTACHED STATEMENT
CARE OF:	SEE ATTACHED STATEMENT
STREET ADDRESS:	3520 SAN MARTIN DRIVE
CITY, STATE, ZIP CODE:	BALTIMORE, MD 21218
TELEPHONE:	
FORM AND CONTENT:	SEE ATTACHED STATEMENT
SUBMISSION DEADLINES:	SEE ATTACHED STATEMENT
RESTRICTIONS ON AWARDS:	SEE ATTACHED STATEMENT

FEDERAL FOOTNOTE

IN AUGUST 1984, THE FOUNDATION ELECTED TO BE TREATED AS A PRIVATE FOUNDATION FOR ALL CODE PURPOSES OTHER THAN SECTION 4940 (EXCISE TAX ON INVESTMENT INCOME). THIS ELECTION WAS MADE IN ORDER FOR THE FOUNDATION TO BE TREATED AS A QUALIFIED FUND UNDER CODE SECTION 44F(E)4 (NOW CODE SECTION 41(E)(6)(D)).

EFFECTIVE JUNE 1, 2010, THE FOUNDATION ELECTED TO BE TREATED AS A PUBLICLY-SUPPORTED ORGANIZATION UNDER CODE SECTION 509(A)(1). AS A RESULT, THE FOUNDATION IS IN A 60-MONTH TERMINATION UNDER CODE SECTION 507(B)(1)(B) UNTIL MAY 31, 2015. THE INTERNAL REVENUE SERVICE APPROVED THIS ELECTION ON SEPTEMBER 24, 2010

Part XV - Line 2(a) through 2(d), Page 10

Eligibility: Three year fellowships will be awarded on a competitive basis to graduates of medical schools and graduate schools in the biological sciences holding M D or Ph D degrees Awards will be based solely on the quality of the individual applicant's previous accomplishments and on the merit of his/her proposal for postdoctoral research All U S citizens are eligible to apply with no restrictions on the laboratory of their choice Foreign applicants will be eligible for study in U S laboratories We are especially interested in supporting individuals who wish to change their field of research by bringing new ideas and methods from one area of biology to another This might be carried out during a second postdoctoral term or as in independent research associate

a **Purpose of Grants:**

The Life Sciences Research Foundation (LSRF) was founded to provide an alternative to the usual forms of corporate support for research in academic institutions Most companies have primarily supported research projects with some prospects for short term commercial application Now, by means of its Peer Review Committee and the overview provided by its Founding Board, the Foundation offers donors an inexpensive and professionally grounded means for directing aid to individuals based solely on their merit. The sponsors have no say in choosing the fellows nor in targeting their research project. A sponsor will receive no patent rights or rights on refusal from the work of fellows bearing the sponsor's name, though recipients will be invited to visit company facilities and report early results of research at annual meetings of the Foundation's fellows. The Foundation's goal is to strengthen research and training in all areas of the life sciences.

b. **How Solicited:**

In the spring of each year, an application notice is sent to every graduate school in biology and every medical school in the U S This list is obtained from the "Graduate Programs and Admissions Manual, Volume A" put out by the Graduate Record Examination Board. This same application sheet is sent to all applicants who write or call LSRF. The deadline for applications is October of each year for funding beginning as early as summer of the following year.

Part XV - Line 2(a) through 2(d), Page 10 (Continued)

c **How Selected:**

Application (to be submitted in 3 copies) - The front page of the application must include name, date of birth, citizenship, present address, telephone number, position, location and name of supervisor of proposed research, title of project and a one paragraph summary of the project. The front page should be followed by a curriculum vitae and description of the research project In addition, the candidate is responsible for having three letters of commendation from faculty members familiar with the candidate's research sent to LSRF The proposed advisor must acknowledge acceptance of the candidate and the willingness of the institution to administer the award This letter should indicate the role expected of the candidate in the broad framework of the advisor's research noting the size of the research group and the degree of independence that the candidate will have. Address correspondence to: LSRF, 3520 San Martin Drive, Baltimore, Maryland 21218.

2. Terms and Conditions Under Which the Foundation Makes Individual Grants

The grant constitutes a fellowship grant which is to be used by the recipients at the U S Laboratory of their choice Each awardee is given a topic of research in the life sciences The purpose of the grant is to train and support high quality young scientists in the very best research environments

A fellowship of $56,000 per year is used to pay salary, fringe benefits, and travel to the laboratory and annual meeting. It is also expected to support the fellow's research expenses

LIFE SCIENCES RESEARCH FOUNDATION 52-1231801

FORM 990PF, PART XV, LINE 3(a) - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

GRANTS PAID TO RECIPIENT FOR THE PURPOSE OF CONDUCTING BASIC BIOLOGICAL RESEARCH AT THE INSTITUTION CHOSEN BY THE RECIPIENT

RECIPIENT	ADDRESS	AMOUNT TO BE PAID
Dr Michael Cohen	University of California San Francisco San Francisco CA 94143	14 000
Dr Yoav Shaul	Johns Hopkins University School of Medicine Baltimore, MD 21205-2196	14 000
Dr Sviatoslav Bagnantsev	University of California San Francisco San Francisco CA 94143	56 000
Dr Hung-Chun Chang	Massachusetts Institute of Technology Cambridge, MA 02139	56,000
Dr Ilana Chefetz-Menaker	Yale University New Haven, CT 06520	56,000
Dr Salvatore Chiantia	Stony Brook University Stony Brook NY 11794	56 000
Dr Guo N Huang	University of Texas Southwestern Medical Center Dallas TX 75390	56,000
Dr Christian Kastrup	Koch Institute/Massachusetts Institute of Technology Cambridge, MA 02139	14,000
Dr Enrico Magnani	Carnegie Institute/Stanford University Stanford CA 94305	56,000
Dr Lauren Mashburn-Warren	University of Illinois, Chicago Chicago IL 60612	56,000
Dr Nitin Phadnis	Fred Hutchinson Cancer Research Center Seattle WA 98109	56,000
Dr Xianfeng Xu	Cold Spring Harbor Laboratory Cold Spring Harbor, NY 11724	14,112
Dr Keren Ziv	Stanford University School of Medicine Stanford, CA 94305	42,000
Dr Evren Azeloglu	Mount Sinai School of Medicine New York, NY 10029	56,000
Dr Chase Beisel	National Institute of Child Health and Human Development Rockville MD 20847	1 201
Dr Arpita Bose	Harvard University Boston MA 02138	56,000
Dr Daniel Chitwood	University of California, Davis Davis, CA 95616	56 000
Dr Fernando Cruz-Guilloty	University of Miami Miami, FL 33136	56,000
Dr Xin Duan	Harvard University Boston MA 02138	56 000
Dr Justin Gerke	University of Missouri Columbia, MO 65211	14,000
Dr Hun-Way Hwang	National Human Genome Research Institute Bethesda, MD 20892	56 000
Dr Carla Klattenhoff	Massachusetts Institute of Technology Cambridge MA 02139	56,000
Dr Daryl Klein	Harvard Medical School Boston MA 02115	56,000
Dr Katherine Ralston	University of Virginia Charlottesville, VA 22908	56,000
Dr Thomas Ream	University of Wisconsin, Madison Madison, WI 53706	56,000
Dr Ashley Shade	Yale University New Haven, CT 06520	56 000
Dr Kimberly Tu	University of Utah School of Medicine Salt Lake City, UT 84108	52 243

FORM 990PF, PART XV, LINE 3(a) - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Dr Julian Wong	The Scripps Research Institute La Jolla CA 92037	56 000
Dr David Zhang	Wyss Institute-Harvard Medical School Boston MA 02115	42 000
Dr Justin Ashworth	Institute for Systems Biology Seattle WA 98109	56,000
Dr Hoo Sun Chung	Harvard Medical School Boston MA 02115	56 000
Dr Julio Cordero	University of California San Francisco San Francisco CA 94143	56 000
Dr Magdia De Jesus	Wadsworth Center - New York State Department of Health Albany, NY 12208	56 000
Dr Yili Doksani	Rockfeller University New York NY 10065	56 000
Dr Cara Haney	Massachusetts General Hospitel - Harvard Medical School Boston MA 02115	56 000
Dr Wenqian Hu	Whitehead Institute for Biomedical Research Cambridge MA 02142	56 000
Dr Karen Litwa	University of Virginia Charlottesville VA 22908	56 000
Dr Cora MacAlister	Cold Spring Harbor Laboratory Cold Spring Harbor NY 11724	56 000
Dr Babak Momeni	Fred Hutchinson Cancer Research Center Seattle, WA 98109	56 000
Dr Gautham Nair	University pf Pennsylvania Philadelphia, PA 19104	56 000
Dr Jacqueline Perrigoue	Fox Chase Cancer Center Philadelphia, PA 19111	56,000
Dr David Plachetzki	University of California, Davis Davis, CA 95616	56,000
Dr George Poulogiannis	Beth Israel - Harvard Medical School Boston MA 02115	56 000
Dr Yan Qi	Massachusetts General Hospitel - Harvard Medical School Boston, MA 02115	56 000
Dr Selena Sagan	Stanford University Stanford CA 94305	56 000
Dr Zhe Sha	Harvard Medical School Boston, MA 02115	42 000
Dr Maija Slaidina	New York University - Skirball Institute New York, NY 10016	56,000
Dr Aaron Stephan	University of California, San Diego La Jolla, CA 92037	56,000
Dr Esteban Toro	University pf Pennsylvania Philadelphia, PA 19104	56,000
Dr Feng Wang	Harvard Medical School Boston MA 02115	56 000
Dr Xin Wang	Salk Institute for Biological Studies La Jolla, CA 92037	56,000
Dr J Bradley Zuchero	Stanford University Stanford, CA 94305	56,000
	TOTAL GRANTS AND CONTRIBUTIONS PAID	$2,601,556

LIFE SCIENCES RESEARCH FOUNDATION 52-1231801

FORM 990PF, PART XV, LINE 3(b) - GRANTS AND CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

GRANTS PAID TO RECIPIENT FOR THE PURPOSE OF CONDUCTING BASIC BIOLOGICAL RESEARCH AT THE INSTITUTION CHOSEN BY THE RECIPIENT

RECIPIENT	ADDRESS	AMOUNT TO BE PAID
Dr Anand Balasubramani	La Jolla Institute of Allergy and Immunology La Jolla CA 92037	168 000
Dr Harvey Chin	Weill Cornell Medical College New York, NY 10021	168,000
Dr Seemay Chou	University of Washington Seattle, WA 98195	168 000
Dr David Dodd	University of Texas, Southwestern Medical Center Dallas, TX 75235	168 000
Dr Jamie Fitzgerald	Rockefeller University New York NY 10065	168 000
Dr Gregory Hamilton	University of California - San Francisco San Francisco CA 94122	168 000
Dr Euiseok Kim	Salk Institute for Biological Studies La Jolla, CA 92037	168 000
Dr Tung Le	Massachusetts Institute of Technology Cambridge, MA 02139	168 000
Dr Amy Ma	Scripps Institution of Oceanography La Jolla, CA 92037	168,000
Dr Daniel Mandell	Harvard Medical School Boston, MA 02115	168 000
Dr Mathieu Mateo	Mayo Clinic laboratory Rochester, MN 55905	168 000
Dr Alison Narayan	University of Michigan Ann Arbor Ann Arbor MI 48109	168,000
Dr Ting Pang	La Jolla Harvard Medical School La Jolla CA 92037	168 000
Dr Alexandre Persat	Princeton University Princeon, NJ 08540	168,000
Dr Monica Rodrigo - Brenni	Medical Research Council Cambridge, UK 01223	168,000
Dr Hannah Seidel	University of Wisconsin - Madison Madison, WI 53706	168,000
Dr Mark Sheffield	Northwestern University Evanston IL 60208	168,000
Dr Anthony Studer	Donald Danforth Plant Science Center St Louis, MO 63132	168,000
Dr Elizabeth Thatcher	University of Massachussetts Medical School Worcester, MA 01655	168,000
Dr Yusuf Tufail	Salk Institute for Biological Studies La Jolla, CA 92037	168,000
Dr Rachel Vannette	Stanford University Stanford, CA 94305	168,000
Dr Michael White	Fred Hutchinson Cancer Research Center Seattle, WA 98109	168,000
Dr Joshua Widhalm	Purdue University West Lafayette, IN 47907	168 000
Dr Li Yang	University of North Carolina- Chapel Hill Chapel Hill, NC 27599	168,000
Dr Justin Ashworth	Institute for Systems Biology Seattle, WA 98109	112 000
Dr Hoo Sun Chung	Harvard Medical School Boston, MA 02115	112 000
Dr Julio Cordero	University of California, San Francisco San Francisco, CA 94143	112,000
Dr Magdia De Jesus	Wadsworth Center - New York State Department of Health Albany, NY 12208	112,000
Dr Yili Doksani	Rockfeller University New York, NY 10065	112,000
Dr Cara Haney	Massachusetts General Hospitel - Harvard Medical School Boston MA 02115	112,000
Dr Wenqian Hu	Whitehead Institute for Biomedical Research	112 000

FORM 990PF, PART XV, LINE 3(b) GRANTS AND CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

	Cambridge MA 02142	
Dr Karen Litwa	University of Virginia Charlottesville VA 22908	112 000
Dr Cora MacAlister	Cold Spring Harbor Laboratory Cold Spring Harbor NY 11724	112 000
Dr Babak Momeni	Fred Hutchinson Cancer Research Center Seattle WA 98109	112 000
Dr Gautham Nair	University of Pennsylvania Philadelphia PA 19104	112 000
Dr Jacqueline Perrigoue	Fox Chase Cancer Center Philadelphia PA 19111	112 000
Dr David Plachetzki	University of California Davis Davis CA 95616	112,000
Dr George Poulogiannis	Beth Israel Harvard Medical School Boston MA 02115	112 000
Dr Yan Qi	Massachusetts General Hospitel Harvard Medical School Boston MA 02115	112,000
Dr Selena Sagan	Stanford University Stanford CA 94305	112 000
Dr Zhe Sha	Harvard Medical School Boston MA 02115	126 000
Dr Maija Slaidina	New York University Skirball Institute New York NY 10016	112 000
Dr Aaron Stephan	University of California San Diego La Jolla CA 92037	112,000
Dr Esteban Toro	University of Pennsylvania Philadelphia PA 19104	112,000
Dr Feng Wang	Harvard Medical School Boston MA 02115	112,000
Dr Xin Wang	Salk Institute for Biological Studies La Jolla CA 92037	112 000
Dr J Bradley Zuchero	Stanford University Stanford, CA 94305	112,000
Dr Evren Azeloglu	Mount Sinai School of Medicine New York NY 10029	42,000
Dr Arpita Bose	Harvard University Boston MA 02138	56,000
Dr Daniel Chitwood	University of California Davis Davis CA 95616	56 000
Dr Fernando Cruz Guilloty	University of Miami Miami FL 33136	56 000
Dr Xin Duan	Harvard University Boston MA 02138	42,000
Dr Hun-Way Hwang	National Human Genome Research Institute Bethesda MD 20892	74,667
Dr Carla Klattenhoff	Massachusetts Institute of Technology Cambridge MA 02139	56,000
Dr Daryl Klein	Harvard Medical School Boston MA 02115	56,000
Dr Katherine Ralston	University of Virginia Charlottesville VA 22908	42,000
Dr Thomas Ream	University of Wisconsin Madison Madison WI 53706	56,000
Dr Ashley Shade	Yale University New Haven CT 06520	56 000
Dr Kimberly Tu	University of Utah School of Medicine Salt Lake City UT 84132	59,757
Dr Julian Wong	The Scripps Research Institute La Jolla CA 92037	56,000
	TOTAL CONTRIBUTIONS TO BE PAID	$7,330,424

Form **8868**
(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6 month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
LIFE SCIENCES RESEARCH FOUNDATION	[X] 52-1231801
Number, street, and room or suite number If a P O box see instructions	Social security number (SSN)
3520 SAN MARTIN DRIVE	[ ]
City, town or post office, state, and ZIP code For a foreign address, see instructions	
BALTIMORE, MD 21218	

Enter the Return code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990 BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► DR. DONALD D. BROWN

Telephone No ► 410-467-2597 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1/15, 20 13, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [ ] calendar year 20 ____ or
► [X] tax year beginning 6/01, 20 11, and ending 5/31, 20 12

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879-EO for payment instructions

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print / File by the extended due date for filing the return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	LIFE SCIENCES RESEARCH FOUNDATION	[X] 52-1231801
	Number, street, and room or suite number If a P O box see instructions GROSS MENDELSOHN & ASSOCIATES P.A. 36 S CHARLES ST STE 1800	Social security number (SSN) ☐
	City town or post office state and ZIP code For a foreign address, see instructions BALTIMORE, MD 21201-3102	

Enter the Return code for the return that this application is for (file a separate application for each return) 04

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

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

- The books are in care of ► DR DONALD D. BROWN
  Telephone No ► 410-467-2597 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 4/15, 20 13

5 For calendar year ____, or other tax year beginning 6/01, 20 11, and ending 5/31, 20 12

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature ► James E. Cross Title ► CPA Date ► 1/3/13

Form **8868**
(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
LIFE SCIENCES RESEARCH FOUNDATION	[X] 52-1231801
Number street, and room or suite number If a P O box, see instructions	Social security number (SSN)
3520 SAN MARTIN DRIVE	[ ]
City town or post office state, and ZIP code For a foreign address, see instructions	
BALTIMORE, MD 21218	

Enter the Return code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► DR. DONALD D. BROWN

  Telephone No ► 410-467-2597 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1/15, 20 13, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [ ] calendar year 20 ____ or
► [X] tax year beginning 6/01, 20 11, and ending 5/31, 20 12

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print / File by the extended due date for filing the return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	LIFE SCIENCES RESEARCH FOUNDATION	[X] 52-1231801
	Number, street, and room or suite number If a P O box, see instructions GROSS MENDELSOHN & ASSOCIATES P.A. 36 S CHARLES ST STE 1800	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code For a foreign address, see instructions BALTIMORE, MD 21201-3102	

Enter the Return code for the return that this application is for (file a separate application for each return) 04

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

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

- The books are in care of ► DR. DONALD D. BROWN
  Telephone No ► 410-467-2597 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 4/15, 20 13

5 For calendar year ____, or other tax year beginning 6/01, 20 11, and ending 5/31, 20 12

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature ► Title ► Date ►