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Form 990-EZ 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 lung benefit frust 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 930. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 at the part 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

Open to Public Inspection

Control of the cont			ne 2011 calendar year, or tax year beginning JUL 1, 2011		and end	ting JU	N 3	0, 2	2012	
Health Science Research Foundation Health Science Research Foundation Health Science Research Foundation Reminded	В	Check if	C Name of organization							_
HEALTH SCIENCE RESEARCH FOUNDATION 1		Τ̈́								
Number and steet (or P D box if mail is not delivered to steet address) Room/state E feetphone number (520) 790-5940		7	HEALBH CCIENCE DECEADOR ECHNDANIO	N			2	6-25	547541	
Po BOX 12242 (520) 790-5940		_	Number and street for D.O. how of most is not delivered to street address.)			Room/suite				_
Implementation Processing		_	DO DOY 12242				(520	790-5940	
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The exempt status (check only one) —									=	
K Check In the organization is not a section 599(4)3 supporting organization or a section 527 organization and its gross receipts are normally nat more than \$50,000. A Form 990-F2 or Form 990-return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part III. Inte 2b, Column (8) below) are \$500,000 or more, the Form 990 instead of Form 990-F2. S 50,000. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dives and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross prome from gaming (attach Schedule G if greater than \$15,000) c Gross prome from gaming (attach Schedule G if the sum of such greater greater) 1 Contributions greater g				49	47/2\/1\	r 527	-			
SS0,000 A Form 990-EZ or Form 990 returns not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L. Add lines 55, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II). Ine 25, column (g) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II). Check if the organization used Schedule 0 to respond to any question in this Part II 1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including opcorrement fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 7 Gross income from gaming (attach Schedule G if greater than \$15,000) 7 Less of some from fundraising events (not including \$ of contributions trongling regions acceeds \$15,000) 8 Gross income from gaming (attach Schedule G if the sum of such gross promise from fundraising events (not including \$ of contributions trongling regions acceeds \$15,000) 9 Less diregs spenses from ground and assets of the promise of the promagnity and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross promise from fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross promise from fundraising events (add lines 6a and 6b and subtract line 6c) 9 Total revenue. Add lines 15/2 A, 5c, 6d, 7c, and 8 9 Solit revenue (ofescript in Schedule O) 10 Grants and similar amounts pand (list in Schedule O) 11 Benefits pand to or for members 12 Salares, other compensation, and employee benefits 13 Professional tees and other payments to independent contractors 14 Coupanye, ent, lutibles, and maintenance 15 Printing, publications, postag										_
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P	art II Balance Sheets. (see the instructions for Part II.)					
	Check if the organization used Schedule O to res	spond to any ques				X
			(A) Beginning of year		(B) E	nd of year
22		_	127,720			176,785.
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24			107 700	24	+	176 705
25		_	127,720			176,785.
26		'	3,675			4,125.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishmen	nte (coe the inetri	124,045		1	172,660.
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	cribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant inform		enses in a clear and concise		for others	
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20						
	(Grants \$) If this amount includes foreign of	grants, check here		\Box	28a	1,385.
29	Torante \$\frac{1}{2} \tag{11.5}	granto, criock noro		<u> </u>	200	2,000

		* *,				
	(Grants \$) If this amount includes foreign of	grants, check here	•	\Box	29a	
30						
		·	-			
				_	1	
	(Grants \$) If this amount includes foreign (grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign of	grants, check here	>		31a	
	Total program service expenses (add lines 28a through 31a)		- <u>, </u>		32	1,385.
P	art IV List of Officers, Directors, Trustees, and Key E				instructions f	or Part IV)
	Check if the organization used Schedule O to res	spond to any ques	stion in this Part IV	<u>' </u>		
		(b) Title and average ho		(d) He	ealth benefits, ributions to	(e) Estimated
	(a) Name and address	per week devoted to	W-2/1099-MISC)	empl	oyee benefit and deferred	amount of other
			(if not paid, enter -0-)		npensation	compensation
_	RETA A. ROBINSON	PRESIDENT/D			•	
24	20 21 0111 0111221 1000011 112 00 / 13	1.00	0.		0.	0.
	VIEN F. WILSON	SECRETARY/D			_	
	42 E. 5TH STREET, TUCSON, AZ 85711	1.00	0.		0.	0.
	MES L. WILSON	TREASURER/D			^	
	42 E. 5TH STREET, TUCSON, AZ 85711	2.00	0.		0.	0.
	MOTHY G. LOMAN	DIRECTOR			^	
_	O. BOX 210093, TUCSON, AZ 85721	1.00	0.		0.	0.
	AVID ZAVA 42 E. 5TH STREET, TUCSON, AZ 85711	DIRECTOR			^	
		1.00 DIRECTOR	0.		0.	0.
<u>C</u> 1	RIC L. JOHNSON, 3740 E. HARRISON PREET, GILBERT, AZ 85295	1.00	0.		0.	1
21	REEL, GILDERI, AZ 03293	1.00	0.		0.	0.
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		_				
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		1				
132	172 16-12	<u> </u>	l		Form	990-EZ (2011)
V2-L					runn	JOU-EA (2011)

نت	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	is Pa	irt V	X	
_			Yes		
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)				
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	ļ,	Х	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A	
C	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	35€		X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			.,,	
07-	complete applicable parts of Schedule N	36	<u> </u>	X	
	Enter amount of political expenditures, direct or indirect, as described in the instructions Data to a second of the form 1400 POL for the second of the se	1		v	
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X	
302	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?	200		Х	
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a			
39	Section 501(c)(7) organizations Enter	1			
	Initiation fees and capital contributions included on line 9				
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1			
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the				
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?		[]	
	If "Yes," complete Schedule L, Part I	40b		Х	
C	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				
đ	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the				
	organization • 0.				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T	40e	L	X	
41	List the states with which a copy of this return is filed \triangleright AZ	700		4.0	
42 a		790		40	
	Located at ► PO BOX 12242, TUCSON, AZ ZIP+4 ► 8	5/3	<u> </u>		
D	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	165	X	
	If "Yes," enter the name of the foreign country	420			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	į ;	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	N/A			
			Yes	No	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1		
	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		1		
	of Form 990-EZ	44b	<u> </u>	X	
	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		•		
AF ~	In Schedule O	44d	├	-	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X	
400	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		Х	
_	O - LONG 10 / 10 10 30 and Schedule it may need to be completed instead of Form 330-EZ (See instructions)	1 450 Form 9	L		
	70	i viiii 9	An.FY	12011)	

FUIII	1990-EZ (2011) · HEALTH SCIENCE RESEARCH F	CUNDAT	ION		26-2547	<u> 541</u>		age 4
					ſ		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities	es on behalf of	or in opposition	to candidates for pi	ublic office?	_		3.7
	If "Yes," complete Schedule C, Part I	147()(4)				46		<u>X</u>
Pē	section 501(c)(3) organizations and section 49		-		-			(c)(3)
	organizations and section 4947(a)(1) nonexempt charitable tr		•		and complete	the ta	bles	_
	for lines 50 and 51. Check if the organization used Schedule	O to respond	d to any quest	ion in this Part VI				<u> </u>
					[Yes	
47	Did the organization engage in lobbying activities or have a section 501(h) elec		•	ar? If "Yes," complete	e Sch. C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c	-	dule E			48		X
49 a	· · · · · · · · · · · · · · · · · · ·	ganization?				49a		X
	If "Yes," was the related organization a section 527 organization?	1.44				49b		
50	Complete this table for the organization's five highest compensated employees		micers, directors	, trustees and key er	nployees) who ea	ach rec	ceived i	nore
_	than \$100,000 of compensation from the organization. If there is none, enter "I			(2)	(4)	T.	\ F - t - · ·	
	(a) Name and address of each employee paid more than \$100,000		per week devoted to (C) Reportable contributes of Contributes to contribute to contrib) Estim ount of	
	NONE		sition	W-2/1099-MISC)	employee benefit plans, and deferre	red compe		
_	NONE	ļ			compensation	+	•	
		-						
		ļ				+		
		1						
				·		+-		
_		1						
						+		
		-						
						+-		
	· · · · · ·	1						
(a)	organization If there is none, enter "None" NONE Name and address of each independent contractor paid more than \$100,000		(b) Type of	fservice	(c)	Compe	nsatio	1
					-			
				· · · · · · · · · · · · · · · · · · ·				
d	Total number of other independent contractors each receiving over \$100,000							
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organiz	ations and 494	47(a)(1) nonexe	mpt				_
Unde	charitable trusts must attach a completed Schedule A	dules and statem	onte and to the be	et of my knowledge and	belief it is bus as	X Ye	d comp	<u>No</u>
Decla	er penalties of penury, I declare that I have examined this return, including accompanying sched aration of preparer (other tran officer) is based on all information of which preparer has any kno	wledge	ients, and to the pe	st of my knowledge and	Deller, It is true, cor	Tect, an	и сотр	
Sig	Signatural College				9/20-1/12	<u> </u>		
He					Date			
	Type or print name and title			 "				
	- I'		la.:	0	7 4 5-44			
n -:	Print/Type preparer's name Preparer's sygnature		Date	/ Check _	_ If PTIN			
Pai		مار مار	12/2.	self- emplo	·		001	
	eparer DON RADAKOVICH	NATA TO CO	DDODATE	12+	P00			
US	e Only Firm's name ► R & A CPAS A PROFESSIO		RPORATI		▶ 86-05!			000
	Firm's address > 4542 E. CAMP LOWELL S	TE. 10	U	Phone no	(520)	88	1-4	900
	TUCSON, AZ 85712					ॹ		
iviay	the IRS discuss this return with the preparer shown above? See instructions					X Ye		<u>No</u>
					ŀ	-orm 9	YU-EZ	(2011)

SCHEDULE A' (Form 990 or 990-EZ)

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

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

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

OMB No 1545-0047

2011 Open to Public

Inspection

Name of the organization

HEALTH SCIENCE RESEARCH FOUNDATION

Employer identification number 26-2547541

Part I	Reason	for Public Char	ity Status (Ail organiz	ations mus	st complet	e this part	:.) See inst	tructions.			
he orga	nızation ıs not a	private foundation	because it is: (For lines 1	I through 1	1, check	only one b	ox)				
1	A church, co	nvention of churche	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)	١.			
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjugation with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and stat	e [.]	•							•	
5	,		benefit of a college or un	niversity ov	vned or op	erated by	a governr	mental uni	t describe	d in	
	_	(b)(1)(A)(iv). (Comple		•	•	•	Ū				
6	•		ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).				
7	1		eives a substantial part					or from the	general p	ublic describe	ed in
	-	b)(1)(A)(vi). (Comple	•	o, no oupp	o	90.0			gonoraip	00.00	
8 🗆	1		•	(Complete	Part II \						
9 X	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from								nts from		
<u> </u>	•		nctions - subject to certa								
			axable income (less sect								
		509(a)(2). (Complete			,,	0111000000	ioquii ou b	y the eige	inization a	ner danc do,	1070.
10	1		perated exclusively to te	st for publi	c safety S	lee sectio	n 509(a)(4	11			
11	, -		perated exclusively for the	-	•			-	v out the r	ournoses of o	ne or
•• —			ations described in section								
			organization and comple				.). 000 30 0	, , , , , , , , , , , , , , , , , , ,	ajtoj. Onet	SK the Box the	4 t
	a Type I	··	¬ -		e III - Func		enrated		d 🗀	Type III - Oth	er
e 🗀	1		at the organization is not	• • •		•	•	r more dis			
-		-	than one or more publicly		-	•	•		•		
f		-	tten determination from t		-				J(u)(1) 01 0	001.011 000(4)((-)
•	-	rganization, check t				pc 1, 13pc	п, от турс	- III			
9		-	organization accepted ar	ny aift or co	ontribution	from any	of the follo	owing ner	sons?		
9	-		directly controls, either al			•				<u>v</u> .	es No
			upported organization?	one or tog	outer with	pordons	.000110001	(ii) aira (iii) 5010111,	11g(i)	- 10
	-		n described in (i) above?							11g(ii)	
	• • •	•	a person described in (i) o		a?					11g(iii)	\rightarrow
h			about the supported or							(119(/)	
	1 TOVIGE THE I		about the supported on	gamzation	(3).						
• •	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (I) lis	organization sted in your document?	organizat		(vi) Is organizati (i) organiz U S	on in col red in the	(vii) Amou suppor	
			(see instructions))	Yes	No	Yes	No	Yes	No		
								1			
 											
				<u> </u>							
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Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Pa	rt II Support Schedule for						
	(Complete only if you checke				on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	111.)			
Se	ction A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	İ					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4	<u> </u>				<u> </u>	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	ļ					
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						1
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		<u> </u>				<u> </u>
12	Gross receipts from related activities	, etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and sto						<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
14	,, ,	• • •	-	column (f))		14	<u>%</u>
15	Public support percentage from 2010) Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2011. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			▶
b	33 1/3% support test - 2010. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2011. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop l	here. Explain in P	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
b	10% -facts-and-circumstances tes	t - 2010. If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, o	r 17a, and line 15 is	10% or
	more, and if the organization meets t	ne "facts-and-circi	umstances" test, o	heck this box and	stop here. Expla	in in Part IV how th	e

Schedule A (Form 990 or 990-EZ) 2011

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	slow, please com	Diete Fait II.)				
Cale	ndar 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	1					
	include any "unusual grants.")	1		20,000.	120,000.	50,000.	190,000.
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- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ı					
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to	ı					
	the organization without charge	1					
6	Total. Add lines 1 through 5			20,000.	120,000.	50,000.	190,000.
	Amounts included on lines 1, 2, and				·		·
	3 received from disqualified persons	1					0.
t	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						0.
	: Add lines 7a and 7b					-	0.
8	Public support (Subtract line 7c from line 6)						190,000.
	ction B. Total Support		*		•		·
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6		Y-7 =	20,000.	120,000.	50,000.	190,000.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				-		,
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part IV.)		-	20,000.	120,000.	<u> </u>	190,000.
	Total support (Add lines 9, 10c, 11, and 12)				· · ·		<u> </u>
14	First five years. If the Form 990 is for	the organization	s tirst, second, thi	rd, tourth, or tifth ta	ax year as a section	n 501(c)(3) organi;	
50	check this box and stop here ction C. Computation of Publi	ic Support De	roontogo				<u>▶X</u>
	Public support percentage for 2011 (I			(0)		45	
				column (I))	}	15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inves					47	
	Investment income percentage for 20			ne 13, column (I))		17	<u>%</u>
18				on line 14 and line	 15 to marro 45 c = 0	18 2 1/39/ and line:	<u>%</u>
198	33 1/3% support tests - 2011. If the						I / IS NOT
	more than 33 1/3%, check this box at 33 1/3% support tests - 2010. If the				· ·		▶ □
•	 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che 						
20	Private foundation. If the organization						
<u></u>	to roundation. If the organizatio	ii did not check a	DON OH HITE 14, 18	oa, or 130, check th	IIS DUX AITU SEE IIIS	tructions	

SCHEDULE O· (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

HEALTH SCIENCE RESEARCH FOUNDATION	26-2	547541
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		
LEGAL AND ACCOUNTING		1,371.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION BEG. OF	F YEAR	END OF YEAR
ACCOUNTS PAYABLE	3,675.	4,125.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURP	POSES OF	THE
FOUNDATION ARE TWOFOLD: 1) TO DO RESEARCH AND DISSEMINAT	re infori	MATION
IN AREAS OF SCIENTIFIC RESEARCH THAT AFFECTS HUMAN HEALT	гн; 2) т)
PROVIDE CHARITABLE HEALTH SERVICES TO THE POOR AND NEEDS	IN UND	EVELOPED
AND UNDERDEVELOPED COUNTRIES.		
		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLE	SHMENTS	<u> </u>
THE FOUNDATION CONTINUED TO FOCUS ON CLARIFYING THE ROLE	Ξ	
AND SPECIFIC FUNCTIONS OF THE ADRENAL GLAND AND ITS MANY	ľ	
HORMONES. TOWARD THIS END, WE HAVE CONTINUED RESEARCH FO	OR	
AN INTERACTIVE, DYNAMIC COMPUTER MODEL OF THE ADRENAL GI	LAND INT	EGRATING
THE ANATOMY, PHYSIOLOGY AND BIOCHEMESTRY OF THE ADRENAL	CORTEX,	WITH AN
ENDPOINT OF A DETAILED LOOK AT HOW ADRENAL HORMONES ARE	MADE AN	TAHW C
FACTORS FACILITATE, ALTER, INTERFERE WITH OR PREVENT THE	EIR PROD	UCTION.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENE	EFIT CON	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY I	FUNDS, D	IRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CON LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		900 or 900 EZ 10044
132211 01-23-12	nedule O (FORM	990 or 990-EZ) (2011)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service **Employer identification number** Name of the organization 26-2547541 HEALTH SCIENCE RESEARCH FOUNDATION THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. AMENDED FORM 990-EZ THIS FORM 990-EZ IS AN AMENDED RETURN. FORM 990-N WAS ORIGINALLY FILED BUT SINCE GROSS RECEIPTS ARE NORMALLY IN EXCESS OF \$50,000, FORM 990-EZ SHOULD HAVE BEEN FILED FOR THE YEAR ENDED JUNE 30, 2012. THIS RETURN REPRESENTS A COMPLETE RETURN FOR TAX YEAR 2011.