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## 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 trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form.

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

2012

OMB No 1545-1150

Open to Public

Inspection

Α	For the	2012 calenda	r year, or tax year beginning ,	2012, and	ending			, 20
В	Check if a	pplicable	C Name of organization	D Empl				fication number
	Address cl	hange	MARS RESEARCH INC			45-	051352	3
	Name cha	nge	Number and street (or PO box, if mail is not delivered to street address)		Room/suite	E Telepho	ne numb	er
	Initial retur	m		]				
	Terminated	1	PO BOX 159			(51	5) 852-	4791
	Amended	return	City or town, state or country, and ZIP + 4			F Group E		
F	Application	n pendina	WILLIAMS, IA 50271			Numbe	-	
G		nting Method	☐ Cash ☐ Accrual Other (specify)	<del></del>	Н	Check▶	x If the	organization is not
1	Websit	-				required to		-
J			check only one) - 🕱 501(c) (3) 🔲 501(c)( ) ◀ (insert no )	4947(a)(1) or	527	(Form 990,		
K			rganization is not a section 509(a)(3) supporting organization or se					<del></del>
_			0. A Form 990-EZ or Form 990 return is not required though Form					
			ses to file a return, be sure to file a complete return		bootoura) ma	, po roquirou	(000	doctorio, but ii
	-		7b, to line 9 to determine gross receipts. If gross receipts are \$200	000 or ma	ore or if total	assets (Part l	11	
_			low) are \$500,000 or more, file Form 990 instead of Form 990-EZ					92,782
П	Part I		e, Expenses, and Changes in Net Assets or Fun					
Ľ			ne organization used Schedule O to respond to any question in this		-		-	
-	1		s, gifts, grants, and similar amounts received				1	70,028
	2		vice revenue including government fees and contracts					70,028
	3		dues and assessments				3	<del></del>
	4	Investment					4	
	5a		nt from sale of assets other than inventory		1		· ·	
	1 .		r other basis and sales expenses		<del> </del>		i '	
	1							
	_		s) from sale of assets other than inventory (Subtract line 5b from lii	ne sa)			5c	
	6		fundraising events				ľ	
a	,   a		ne from gaming (attach Schedule G if greater than	۔م ا	1		,	
Ē					<u> </u>		-'	
2013 Revenue			ne from fundraising events (not including \$	<del></del>	of contributio	ns		
20 R			sing events reported on line 1) (attach Schedule G if the	ا م	1			
ဇာ			gross income and contributions exceeds \$15,000) · · · · ·		+			
0	- 1		expenses from gaming and fundraising events		<u> </u>			
æ	a		or (loss) from gaming and fundraising events (add lines 6a and 6b		act			
AP	_	•					6d	
			of inventory, less returns and allowances					
		Less cost of	-		<u> </u>			
123	٥	-	or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
155	8		ue (describe in Schedule O)	ECEN	/ED	<u> </u>	8	22,754
170% -	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	たしこい	/!	<u>} · · · ▶</u>	9	92,782
D	10		similar amounts paid (list in Schedule O)	<del></del> .	<u>ن</u> ا	$\{1, \dots, 1\}$	10	95,000
	11	•	d to or for members	YPR 17	2013 - 1	)! 	11	<del></del>
ď	12			ייי: דיייי:		4	12	
900	13		I fees and other payments to independent contractors	CDEN	i lit	<del>-</del>	13	
Fxnenses	14		rent, utilities, and maintenance			}	14	
ú	·		olications, postage, and shipping				15	
	16		ses (describe in Schedule O)				16	460
_	17		ises. Add lines 10 through 16				17	95,460
	, 18		deficit) for the year (Subtract line 17 from line 9)				18	(2,678)
Not Accete	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (m	_				
Ace	Ž	-	figure reported on prior year's return)				19	13,248
4	20	Other chang	ges in net assets or fund balances (explain in Schedule O)				20	
_	21	Net assets of	or fund balances at end of year Combine lines 18 through 20	<u></u>	· · · · · ·	<u></u> ▶	21	10,570

	1 990-EZ (2012) MARS RESEARCH INC			45-0	5135	523 Page 2
Pa	Balance Sheets (see the instructions for Part II)					-
	Check if the organization used Schedule O to respond to a	any question in this Par	<u>t II</u>	· · · · · · · · · ·	<u></u>	<u>····</u>
			(A) Be	ginning of year	ļ	(B) End of year
	Cash, savings, and investments	• • • • • • • • • • •	• • • • • •	13,248	22	10,570
23	Land and buildings		• • • • • • -	0	23	0_
	Other assets (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •	• • • • • •	0_	24	
-	Total assets	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	13,248	25	10,570
	Total liabilities (describe in Schedule O)	• • • • • • • • • • •		0	26	
	Net assets or fund balances (line 27 of column (B) must agree with			13,248	27	10,570
Pa	<u>irt,III</u> Statement of Program Service Accomplis	•		" _		Expenses
	Check if the organization used Schedule O to respond to	<del></del>	art III	· · · · · · · · <u> </u>	<b>⊣</b> ` `	uired for section
Wha	at is the organization's primary exempt purpose? MEDICAL RES	SEARCH		<del></del>	1	c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplishments for each	of its three largest prog	gram services,		1	nizations and section
	neasured by expenses. In a clear and concise manner, describe the		number of			(a)(1) trusts, optional
	sons benefited, and other relevant information for each program title				for o	thers)
	CONTINUED SUPPORT OF MEDICAL RESEARCH FOR A	A CURE FOR				
1	MULTIPLE SCLEROSIS					
	<del></del>	cludes foreign grants, cl	heck here · · ·	· · · · · • 📙	28a	0
29	PUBLIC EDUCATION AND INFORMATION ON MULTIPE	LE SCLEROSIS			1	
	(Grants \$ ) If this amount inc	cludes foreign grants, cl	heck here · · ·	· · · · · • 📙	29a	0
30						
		cludes foreign grants, cl	heck here · · ·	· · · · · • 📙	30a	
	Other program services (describe in Schedule O) · · · · · ·					
		cludes foreign grants, cl		· · · · · · • 💾	31a	<del></del>
	Total program service expenses (add lines 28a through 31a)			<u></u>	32	0
	Total program service expenses (add lines 28a through 31a)  art IV. List of Officers, Directors, Trustees, and Key Employ	vees List each one ever	ıf not compensate	d (see the instruct	32 ions fo	or Part IV)
	Total program service expenses (add lines 28a through 31a)	vees List each one ever	n if not compensate	d (see the instruct	32 ions fo	or Part IV)
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	Total program service expenses (add lines 28a through 31a)  art IV. List of Officers, Directors, Trustees, and Key Employ	rees List each one ever any question in this Pa (b) Average hours per week	n if not compensate	d (see the instruct	32 ions fo	or Part IV)
<u>P</u> a	Total program service expenses (add lines 28a through 31a)  art IV. List of Officers, Directors, Trustees, and Key Employ  Check if the organization used Schedule O to respond to  (a) Name and title	rees List each one ever any question in this Pa	n If not compensate art IV  (c) Reportable compensation	d (see the instruct	32 ions fo	or Part IV)
Pa — WAY	Total program service expenses (add lines 28a through 31a)  Art IV: List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to  (a) Name and title  THE ANDERSON	rees List each one ever of any question in this Parage hours per week devoted to position	n If not compensate art IV  (c) Reportable compensation (Form W-2/1099-MISC)	d (see the instruct  (d) Health benefit contributions to employer benefit plans, an deferred compens:	32 nons fo	or Part IV)  (e) Estimated amount of other compensation
Pa WAY PRE	Total program service expenses (add lines 28a through 31a)  Art IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to  (a) Name and title  THE ANDERSON ESIDENT	rees List each one ever any question in this Pa (b) Average hours per week	n If not compensate art IV  (c) Reportable compensation (Form W-2/1099-MISC)	d (see the instruct	32 ions fo	or Part IV)
Pa WAY PRE	Total program service expenses (add lines 28a through 31a)  Art IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to  (a) Name and title  THE ANDERSON ESIDENT  RELENE ANDERSON	rees List each one ever of any question in this Parage hours per week devoted to position	n If not compensate art IV  (c) Reportable compensation (Form W-2/1099-MISC)	d (see the instruct  (d) Health benefit contributions to emp benefit plans, an deferred compensi	32 ions fo  s, oloyee d ation	(e) Estimated amount of other compensation
WAY PRE MAR	Total program service expenses (add lines 28a through 31a)  Art IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to  (a) Name and title  THE ANDERSON ESIDENT RLENE ANDERSON CE PRESIDENT	rees List each one ever of any question in this Parage hours per week devoted to position	n If not compensate art IV  (c) Reportable compensation (Form W-2/1099-MISC)	d (see the instruct  (d) Health benefit contributions to employer benefit plans, an deferred compens:	32 nons fo	or Part IV)  (e) Estimated amount of other compensation
WAY PRE MAF VIC	Total program service expenses (add lines 28a through 31a)  Art IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to  (a) Name and title  THE ANDERSON ESIDENT RLENE ANDERSON CE PRESIDENT NDA CLASSON	(b) Average hours per week devoted to position	n If not compensate art IV  (c) Reportable compensation (Form W-2/1099-MISC)	d (see the instruct  (d) Health benefit contributions to employened compensations and deferred compensations.	32 Ions fo	or Part IV)  (e) Estimated amount of other compensation
WAY PRE MAF VIC CIN	Total program service expenses (add lines 28a through 31a)  Art IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to  (a) Name and title  THE ANDERSON CESIDENT RELENE ANDERSON CE PRESIDENT DA CLASSON CASURER	rees List each one ever of any question in this Parage hours per week devoted to position	n If not compensate art IV  (c) Reportable compensation (Form W-2/1099-MISC)	d (see the instruct  (d) Health benefit contributions to emp benefit plans, an deferred compensi	32 ions fo  s, oloyee d ation	(e) Estimated amount of other compensation
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Form 990-F7 (2012)

FFA

	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	· · ·		. 🔲
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	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		L
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	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	4	}	İ
b	Gross receipts, included on line 9, for public use of club facilities	_	١.	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		ĺ	
	section 4911 , section 4912 , section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		<i>-</i>	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			١
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<b></b>	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,	1	İ	ļ
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			Ì
	reimbursed by the organization			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			- <del></del> -
	transaction? If "Yes," complete Form 8886-T	40e	L	<u>X</u>
41	List the states with which a copy of this return is filed	_		
42 a	<u> </u>		791	
	Located at ► 491 APRICOT AVE DOWS, IA ZIP+4 ► 5007:	<u> </u>		
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<del></del>	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		<u>X</u>
	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		•	, L
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		ļ	l
	completed instead of Form 990-EZ	44a	ļ	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		l	
	explanation in Schedule O	44d	<u> </u>	
	explanation in deficience of	<del></del>		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	$\perp \triangle$
45 a	·	-		^
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		X

Form 99	90-EZ (201	MARS RESEARCH IN	с			45-05	13523	1	Page 4
	•							Yes	No
		organization engage, directly or indirectly, in i		es on behalf of or in oppo	sition				7 .
		dates for public office? If "Yes," complete So		· · · · · · · · · · · · · · · · · · ·	· · · · · · <u>·</u>	<u></u>	. 46		X
Part		Section 501(c)(3) organizations of		i 47 40h and 50			ablaa far	linaa	_
		All Section 501(c)(3) organizations 50 and 51	must answer quest	ions 47-490 and 52	, and com	piete the t	ables loi	imes	•
			adula O ta raanand	to one supotion in	hio Dort V	1			П
		Check if the organization used Sch	edule O to respond	to any question in	mis Part v	<u> </u>	• • • • •	$\overline{}$	<del>-      </del>
	<b>5</b>							Yes	No
		organization engage in lobbying activities or	nave a section 501(n) ele	ction in effect during the	ax		47		\ <b>.</b>
	•	"Yes," complete Schedule C, Part II					. 47	1	X
		ganization a school as described in section					. 48	-	X
		organization make any transfers to an exemp		organization? · · ·			· 49a	+	X
	-	was the related organization a section 527 of	•				49b	<u> </u>	<del></del>
	•	te this table for the organization's five highes		•		-			
	employe	ees) who each received more than \$100,000	or compensation from the	e organization if there is	F		<del>.</del>		
		(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimat	ed amou	unt of
		paid more than \$100,000	hours per week	compensation	benefit plans,	and deferred	other c	ompensa	ation
			devoted to position	(Forms W-2/1099-MISC)	comper	isation		_	
	_								
NONE	<u> </u>								
	Total pu	mber of other employees paid over \$100,000	L		l			-	
51		te this table for the organization's five highes		ant contractors who each	- v received me	ro than			
•		to this table for the organizations live riightes to of compensation from the organization. If			i ieceweu iiic	ic man			
	Ψ100,00	o or compensation from the organization in	there is home, enter 140h						
(a)	Name and	address of each independent contractor paid more than	\$100,000	(b) Type of service	е	(c	) Compensati	on	
-									
NONE	2								
			-						
									-
			** - *****						
d	Total nu	mber of other independent contractors each	receiving over \$100,000	▶					
52	Did the	organization complete Schedule A? Note: Al	l section 501(c)(3) organi	zations and 4947(a)(1)					
	nonexe	mpt chantable trusts must attach a complete	d Schedule A				Ye	s 🗌	No
Under	penalties o	f perjury, I declare that I have examined this return, include	ling accompanying schedules an	nd statements, and to the best of	my knowledge a	nd belief, it is	- · · · · · · · · · · · · · · · · · · ·		
true, co	orrect, and	complete Deckaration of preparer (other than officer) is b	ased on all information of which	preparer has any knowledge	,				
		Unda M Classon			4-	11-20	)/3		
Sigr	า	Signature of officer			Date				
Here	е	Cinda M Classon	Treas						
		Type or print name and title		<del> </del>					
		Print/Type preparer's name	Preparer's signature	Date		heck if	PTIN		
Paid					1	elf-employed			
Prepa	arer	Firm's name	,,,,		Firm's E	in ►			
Use (		Firm's address	<del></del>	·-·-	. 4,117.5	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	-			· <del>-</del> ·	Phone i	10			
May t	he IRS o	iscuss this return with the preparer shown a	bove? See Instructions				├ ∐ Ye	s [	No
EEA			<u>-</u>				Form 9	90-EZ	(2012)

#### 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

2012

Open to Public Inspection

Employer identification number

Name	of the	organization							Employer i	dentification	number		
MAR	SR	ESEARCH INC											
Pa	rt I	Reason for P	ublic Charity	Status (All organiza	ations m	ust com	plete this	part)S	ee instru	uctions.			
The	orgar	ization is not a private	e foundation becau	se it is (For lines 1 throu	igh 11, chec	ck only one	box )						
1		A church, convention	of churches, or as	sociation of churches de	scribed in s	ection 17	0(b)(1)(A)(	i).					
2		A school described in	section 170(b)(1	)(A)(ii). (Attach Schedule	Ε)								
3		A hospital or a coope	rative hospital serv	vice organization describe	ed in <b>sectio</b>	n 170(b)(1	1)(A)(iii).						
4		A medical research of	rganization operate	ed in conjunction with a h	nospital des	cnbed in s	ection 170	(b)(1)(A)(i	ii). Enter th	ne			
		hospital's name, city,	and state										
5		An organization oper	ated for the benefit	of a college or university	owned or	operated b	y a govern	mental uni	t described	l in			
		section 170(b)(1)(A)	(iv). (Complete Pa	rt II )									
6		A federal, state, or lo	cal government or	governmental unit descri	bed in sect	ion 170(b	)(1)(A)(v).						
7	X	An organization that	normally receives a	a substantial part of its su	pport from	a governm	nental unit	or from the	general p	ublic			
A school described in section 170(b)(1)(A)(iii). (Attach Schedule E )  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  A community frust described in section 170(b)(1)(A)(iv). (Complete Part II )  A community frust described in section 170(b)(1)(A)(iv). (Complete Part II )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business texable income (less section 509(a)(2). (Complete Part II I)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a													
8													
9	$\overline{\Box}$	•					inbutions, r	nembershi	p fees, and	gross			
	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its												
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10	П							4).					
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f			ceived a written de	termination from the IRS	that it is a	Tyne I Tyn	ell or Tvr	e III sunna	rtina				
•		<u>-</u>											П
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			lirectly or indirectly	controls either alone or	together wi	th nersons	described	ın (ıı) and				Vee	No
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45-0513523

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	57,565	51,519	45,433	55,111	70,028	279,656
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	:					
4	Total. Add lines 1 through 3 · · · · · ·	57,565	51,519	45,433	55,111	70,028	279,656
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 · ·						279,656
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Caler	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4 · · · · · · · ·	57,565	51,519	45,433	55,111	70,028	279,656
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88					88
9	Net income from unrelated business 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)	9,611	14,090	17,198	29,041	22,754	92,694
11	Total support. Add lines 7 through 10						372,438
12	Gross receipts from related activities, etc. (s	ee instructions)				12	# <del>****</del> .
13	First five years. If the Form 990 is for the or organization, check this box and stop here	·		, or fifth tax year as	a section 501(c)(3	3) 	▶□
	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2012 (line 6, c						75.09 %
15	Public support percentage from 2011 Sched						75.76 %
16a	33 1/3% support test - 2012. If the organiza					tnis	▶ 🛛
L	box and stop here. The organization qualifie						Б
b	33 1/3% support test - 2011. If the organiza						▶ □
470	check this box and stop here. The organiza			•			
17a		<del>-</del>					
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fact organization		_	•			▶ □
_	•						
b	10%-facts-and-circumstances test - 2011	_				<del>C</del>	
	15 is 10% or more, and if the organization m					lv.	
	Explain in Part IV how the organization mee supported organization						▶ □
18	Private foundation. If the organization did						
10	instructions						▶ □
	misu ucuons · · · · · · · · · · · · · · · · · · ·	<del></del>		· · · · · · · · · · · ·	<u> </u>		

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513 · · · ·						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6)				t		
Se	ction B. Total Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·		·				
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganızatıon's first,	second, third, fourti	n, or fifth tax year a	s a section 501(c)	3)	▶ 🗀
Se	ction C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2012 (line 8, co	olumn (f) divided	by line 13, column	(f)) · · · · ·		. 15	9/
16	Public support percentage from 2011 Schedu			<u> </u>	<u> </u>	. 16	9
Se	ction D. Computation of Investme						
17	Investment income percentage for 2012 (line	10c, column (f)				<u> </u>	9/
18	Investment income percentage from 2011 Sc	chedule A, Part II	I, line 17 · · ·			. 18	9
19a	33 1/3% support tests - 2012. If the organization is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this l						▶ □
20	Private foundation. If the organization did no	ot check a box or	n line 14, 19a, or 19	b, check this box a	and see instructions		<u></u> ▶ 🔲

### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Nam	e of organization			Employer	identification number
MZ	RS RESEARCH INC			45-051	3523
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 orga	anization.
1	Provide a description of the organization's	direct and indirect political campaign ac	tivities in Part IV		
2	Political expenditures			<b>&gt;</b> \$	
3	Volunteer hours	• • • • • • • • • • • • • • • • • • • •		<u> </u>	
.Pa		ization is exempt under section			
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	5	<b>&gt;</b> \$	
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 4955				
4a	Was a correction made?	• • • • • • • • • • • • • • • • • • • •			· Yes No
p b	If "Yes," describe in Part IV		504/->		<u></u>
		ization is exempt under section	<u>, , , .</u>	ept section 501(c)(	3).
1	Enter the amount directly expended by the				
				· · · · · · · · • \$	
2					
activities · · · · · · · · · · · · · · · · · · ·					
3				<b>.</b> .	
5					
J	Enter the names, addresses and employed	` <i>'</i>			•
	organization made payments. For each or the amount of political contributions received	•			
	as a separate segregated fund or a politic			<del>-</del>	
_					<u>v.</u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	dule C (Form 990 or 990-EZ) 2012 MARS RESEARCH		<u> </u>		45-0513	
Pa	art II-A Complete if the organizatio	n is exempt un	der section 50	1(c)(3) and filed	Form 5768 (elec	ction under
_	section 501(h)).				11-	
A	Check ▶ ☐ if the filing organization belongs to				mber's	
ь	name, address, EIN, expenses, ar			•		
<u> </u>	Check I if the filing organization checked by			<u> </u>	(a) Filina	(b) A651
	Limits on Lobi (The term "expenditures" n	bying Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
10			<del></del>		organizations to allo	group tourio
1a b	Total lobbying expenditures to influence public op					
c	Total total jung on postulation to militarious a regional					
d		,				
9						<u> </u>
f	Lobbying nontaxable amount Enter the amount f	•				
	columns.	Tom the following tax	ne iii botti			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500.000	20% of the am	· · · · · · · · · · · · · · · · · · ·			
	Over \$500,000 but not over \$1,000,000		15% of the excess of	ver \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			•
	Over \$17,000,000	\$1,000,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
g	0					
h	Subtract line 1g from line 1a If zero or less, ente					
i	Subtract line 1f from line 1c If zero or less, enter	-0-				
j	If there is an amount other than zero on either lin	e 1h or line 1i, did th	e organization file Fo	orm 4720		22
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that		(h) election do not			
	Lobb	ying Expenditures	During 4-Year Avera	ging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
d	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

EEA

	(election under section 501(h)).	,	a)		(b)	—
	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed otion of the lobbying activity.	Yes	No	Ar	nount	
	uring the year, did the filing organization attempt to influence foreign, national, state or local					_
	gislation, including any attempt to influence public opinion on a legislative matter or	1				
	ferendum, through the use of					
	plunteers?		X			
b P	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		,	
	edia advertisements? · · · · · · · · · · · · · · · · · · ·		Х			
d M	ailings to members, legislators, or the public?		Х			
e P	ublications, or published or broadcast statements?		X			
f G	rants to other organizations for lobbying purposes?		Х			
g D	rrect contact with legislators, their staffs, government officials, or a legislative body?		X			
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ			
_	ther activities?		Х			
	otal Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	"Yes," enter the amount of any tax incurred under section 4912					
	"Yes," enter the amount of any tax incurred by organization managers under section 4912					
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1		-4!		
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(၁),	or se	ction		
	301(0)(0).				¥	
1 V	/ere substantially all (90% or more) dues received nondeductible by members?			1	Yes	N
	id the organization make only in-house lobbying expenditures of \$2,000 or less?			2	-	H
	id the organization agree to carry over lobbying and political expenditures from the prior year?			3		-
Part						<u> </u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O				line :	3, i
	answered "Yes."	` '		-		
1 D	ues, assessments and similar amounts from members		1			
2 S	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
р	olitical expenses for which the section 527(f) tax was paid).					
a C	urrent year · · · · · · · · · · · · · · · · · · ·		2a			
b C	arryover from last year		2b			
c To	otal		2c			
3 A	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
e	xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	nd political expenditure next year?		4			
	exable amount of lobbying and political expenditures (see instructions)		5			
Part						
omple	te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g	roup				
st), Pai	t II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information.					

#### 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.

2012

2012

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

Open to Public Inspection

45-0513523 MARS RESEARCH INC 01. Description of other revenue (Part I, line 8) Description Amount RAFFLE 3,500 GOLF OUTING/ AUCTION 19,254 02. List of grants and similar amounts paid (Part I, line 10) MEDICAL RESEARCH Activity Grantee NATIONAL MULTIPLE SCLEROSIS SOCIETY Street 8180 UNIVERSITY BLVD SUITE B City, State, Zip **CLIVE IA 50325** Relationship NONE 85,000 Amount MEDICAL RESEARCH Activity UNIVERSITY OF NEBRASKA MEDICAL CENT Grantee Street 42 & EMILE STREET City, State, Zip OMAHA NE 68198 Relationship NONE 10,000 Amount 03. Description of other expenses (Part I, line 16) Description Amount LIABILITY INS 209 BOARD MEETING EXPENSE 251