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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ILSI RESEARCH FOUNDATION		D Employer identification number 52-1323610
	Doing Business As		E Telephone number (202) 659-0074
	Number and street (or P O box if mail is not delivered to street address) 1156 15TH STREET NW NO 200	Room/suite	
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005			G Gross receipts \$ 3,701,427

F Name and address of principal officer SUZANNE S HARRIS 1156 15TH STREET NW NO 200 WASHINGTON, DC 20005	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
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I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW ILSI ORG/RESEARCHFOUNDATION

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1984 **M** State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 THE ILSI RESEARCH FOUNDATION (THE FOUNDATION), AN AFFILIATE OF THE INTERNATIONAL LIFE SCIENCES INSTITUTE (ILSI), WAS FORMED IN 1984 TO CREATE A PHILANTHROPIC VEHICLE FOR ILSI TO SUPPORT ORIGINAL RESEARCH. ITS BOARD OF TRUSTEES, FROM PUBLIC AND PRIVATE ENTITIES AROUND THE WORLD, GUIDE THE FOUNDATION IN ITS MISSION TO DELIVER GROUND-BREAKING SCIENCE THAT IS USEFUL NOW AND INTO THE FUTURE. THE FOUNDATION'S PRIORITY AREAS OF WORK ARE GROUPED INTO FOUR CENTERS OF EXCELLENCE, INCLUDING THE CENTER FOR ENVIRONMENTAL RISK ASSESSMENT (CERA), THE CENTER FOR INTEGRATED MODELING OF SUSTAINABLE AGRICULTURE & NUTRITION SECURITY (CIMSANS), THE CENTER FOR NUTRITION AND HEALTH PROMOTION (CNHP), AND THE CENTER FOR RISK SCIENCE INNOVATION AND APPLICATION (RSIA)

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	12
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,430,118	2,465,239
9	Program service revenue (Part VIII, line 2g)	23,803	15,468
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	345,148	273,079
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,036	11,086
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,827,105	2,764,872

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	335,065	434,814
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,205,979	1,353,092
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) <u>124,345</u>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,601,226	1,631,102
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,142,270	3,419,008
19	Revenue less expenses Subtract line 18 from line 12	684,835	-654,136

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,698,080	13,673,762
21	Total liabilities (Part X, line 26)	565,127	487,455
22	Net assets or fund balances Subtract line 21 from line 20	13,132,953	13,186,307

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	2014-11-06
	SUZANNE S HARRIS EXECUTIVE DIRECTOR	Date
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name JOHN HUSKINS	Preparer's signature	Date 2014-11-07	Check <input type="checkbox"/> if self-employed	PTIN P01081531
	Firm's name JOHNSON LAMBERT LLP			Firm's EIN 52-1446779	
	Firm's address 700 SPRING FOREST ROAD STE 115 RALEIGH, NC 27609			Phone no (919) 719-6400	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
 THE ILSI RESEARCH FOUNDATION (THE FOUNDATION), AN AFFILIATE OF THE INTERNATIONAL LIFE SCIENCES INSTITUTE (ILSI), WAS FORMED IN 1984 TO CREATE A PHILANTHROPIC VEHICLE FOR ILSI TO SUPPORT ORIGINAL RESEARCH ITS BOARD OF TRUSTEES, FROM PUBLIC AND PRIVATE ENTITIES AROUND THE WORLD, GUIDE THE FOUNDATION IN ITS MISSION TO DELIVER GROUND-BREAKING SCIENCE THAT IS USEFUL NOW AND INTO THE FUTURE THE FOUNDATION'S PRIORITY AREAS OF WORK ARE GROUPED INTO FOUR CENTERS OF EXCELLENCE, INCLUDING THE CENTER FOR ENVIRONMENTAL RISK ASSESSMENT (CERA), THE CENTER FOR INTEGRATED MODELING OF SUSTAINABLE AGRICULTURE & NUTRITION SECURITY (CIMSANS), THE CENTER FOR NUTRITION AND HEALTH PROMOTION (CNHP), AND THE CENTER FOR RISK SCIENCE INNOVATION AND APPLICATION (RSIA)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,680,686 including grants of \$ 104,214) (Revenue \$ 0)
 CENTER FOR ENVIRONMENTAL RISK ASSESSMENT - THE PURPOSE OF THE CENTER'S APPLIED RESEARCH AND CAPACITY BUILDING PROGRAMS IS TO DEVELOP AND APPLY SOUND SCIENCE TO THE ENVIRONMENTAL RISK ASSESSMENT OF AGRICULTURAL BIOTECHNOLOGIES SO THEIR CONTRIBUTIONS TO SUSTAINABLE PRODUCTION OF FOOD, FUEL AND FIBER MAY BE SAFELY REALIZED THIS INCLUDES PROJECTS DEVELOPED TO (1) IMPROVE SYSTEMATIC APPROACHES TO THE ENVIRONMENTAL RISK ASSESSMENT OF GENETICALLY MODIFIED PLANTS, (2) CHARACTERIZE THE RECEIVING ENVIRONMENT FOR THE PURPOSE OF IMPROVING ENVIRONMENTAL RISK ASSESSMENT, (3) RATIONALIZE ENVIRONMENTAL RISK ASSESSMENT IN THE CONTEXT OF LIMITED RELEASES TO THE ENVIRONMENT THE CENTER IS ADDITIONALLY ENGAGED IN CAPACITY BUILDING WITH A FOCUS ON DEVELOPING AND/OR PARTICIPATING IN STRATEGIC, LONGER TERM PROGRAMS THAT SEEK TO SUPPORT AND STRENGTHEN REGULATORY AND SCIENTIFIC COMMUNITIES INVOLVED IN THE ENVIRONMENTAL RISK ASSESSMENT OF AGRICULTURAL BIOTECHNOLOGIES PUBLICATIONS HAGGMAN H, RAYBOULD A, BOREM A, FOX T, HANDLEY L, HERTZBERG M, LU M -Z, MACDONALD P, OGUCHI T, PASQUALI G, PEARSON L, PETER G, QUEMADA H, SEGUIN A, TATTERSALL K, ULIAN E, WALTER C AND MCLEAN M (2013) GENETICALLY ENGINEERED TREES FOR PLANTATION FORESTS KEY CONSIDERATIONS FOR ENVIRONMENTAL RISK ASSESSMENT PLANT BIOTECHNOLOGY JOURNAL 11(7) 785-798, ROMEIS J, MCLEAN MA AND SHELTON AM (2013) WHEN BAD SCIENCE MAKES GOOD HEADLINES BT MAIZE AND REGULATORY BANS NATURE BIOTECHNOLOGY 31(5) 386-387, CERA (2013) SURROGATE SPECIES SELECTION FOR ASSESSING POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS OF GENETICALLY ENGINEERED PLANTS ON NON-TARGET ORGANISMS CONFERENCE PROCEEDINGS CENTER FOR ENVIRONMENTAL RISK ASSESSMENT (CERA), WASHINGTON, D C HTTP //CERA-GMC ORG/UPLOADS/PUB_01_2013 PDF, CERA (2013) A REVIEW OF THE ENVIRONMENTAL SAFETY OF THE CRY34AB1 AND CRY35AB1 PROTEINS CENTER FOR ENVIRONMENTAL RISK ASSESSMENT (CERA), ILSI RESEARCH FOUNDATION, WASHINGTON DC HTTP //CERA-GMC ORG/UPLOADS/CRY3435_EN_REV1 PDF, CERA (2013) A REVIEW OF THE ENVIRONMENTAL SAFETY OF THE CRY1F PROTEIN CENTER FOR ENVIRONMENTAL RISK ASSESSMENT (CERA), ILSI RESEARCH FOUNDATION, WASHINGTON DC HTTP //CERA-GMC ORG/UPLOADS/CRY1F-MONOGRAPH-REV1 PDF, CERA (2013) A REVIEW OF THE ENVIRONMENTAL SAFETY OF THE CRY2AB PROTEIN CENTER FOR ENVIRONMENTAL RISK ASSESSMENT (CERA), ILSI RESEARCH FOUNDATION, WASHINGTON DC HTTP //CERA-GMC ORG/UPLOADS/CRY2AB_EN PDF, WORKSHOPS, CONFERENCES AND SYMPOSIA JOINT MEETING OF THE NATIONAL COMMITTEE ON BIOSAFETY AND BIOSAFETY CORE COMMITTEE OF BANGLADESH, MARCH 7, 2013, DHAKA, BANGLADESH, 27TH MEETING OF THE OECD WORKING GROUP FOR HARMONIZATION OF REGULATORY OVERSIGHT IN BIOTECHNOLOGY, APRIL 8-10, 2013, PARIS, FRANCE, AFRICA-BRAZIL BIOTECHNOLOGY WORKSHOP, APRIL 8-12, 2013, BRASILIA, BRAZIL, SYMPOSIUM ON AGRICULTURAL BIOTECHNOLOGY RISK ASSESSMENT AND REGULATION, APRIL 15, 2013, ASUNCION, PARAGUAY, WORKSHOP ON PROBLEM FORMULATION FOR THE ENVIRONMENTAL RISK ASSESSMENT OF GENETICALLY MODIFIED PLANTS, APRIL 16-17, 2013, ASUNCION, PARAGUAY, WORKSHOP ON THE MANAGEMENT OF CONFINED FIELD TRIALS OF GENETICALLY MODIFIED CROPS, MAY 18-19, 2013, ENCARNACION, PARAGUAY, SYMPOSIUM ON THE ENVIRONMENTAL RISK ASSESSMENT OF LIVING MODIFIED ORGANISMS IMPORTED FOR FOOD, FEED AND PROCESSING, MAY 24, 2013, TOKYO, JAPAN, ROUND TABLE DIALOGUE ON THE ENVIRONMENTAL RISK ASSESSMENT OF GM PLANTS COMMODITY IMPORTS AND CULTIVATION, MAY 25, 2013, TOKYO, JAPAN, PRESENTATION ON KEY CONSIDERATIONS IN THE ENVIRONMENTAL RISK ASSESSMENT OF GM CROPS @ ICGB BIOSAFETY WORKSHOP, INTEGRATING PROBLEM FORMULATION INTO THE PROCESS OF RISK ANALYSIS OF GENETICALLY MODIFIED ORGANISMS, JUNE 10, 2013, DAR ES SALAAM, TANZANIA, WORKSHOP ON CONFINED FIELD TRIALS OF GENETICALLY MODIFIED CROPS, JUNE 18-19, 2013, CAPITAN MIRANDA, PARAGUAY, ENVIRONMENTAL RISK ASSESSMENT WORKSHOP NON-TARGET ORGANISM TESTING, JUNE 24-28, 2013 AMES, IOWA, USA, INTERNATIONAL MEETING ON COMPARATIVE APPROACHES TO SAFETY ASSESSMENT OF GM PLANT MATERIALS, JUNE 26-28, 2013, BUENOS AIRES, ARGENTINA, METODOLOGIA PARA LA IDENTIFICACION Y EVALUACION DE RIESGOS AMBIENTALES ASOCIADOS AL USO DE CULTIVOS TRANSGENICOS, JULY 4, 2013, SANTIAGO, CHILE, 2ND ANNUAL NATIONAL BIOSAFETY CONFERENCE AUGUST 5-9, 2013, NAIROBI, KENYA, KENYAN NATIONAL BIOSAFETY AUTHORITY TRAINING PROGRAM, AUGUST 12-13, 2013, NAIROBI, KENYA, BIOTECHNOLOGY REGULATION IMMERSION COURSE, AUGUST 12-16, 2013, COLUMBIA, MISSOURI USA, ENVIRONMENTAL RISK ASSESSMENT WORKSHOP, SEPTEMBER 4-5, 2013, VINH YEN CITY, VIETNAM, SOUTH ASIA BIOSAFETY CONFERENCE & WORKSHOPS, SEPTEMBER 18-20, 2013, NEW DELHI, INDIA, ENVIRONMENTAL RISK ASSESSMENT OF GE PLANTS, SEPTEMBER 23-25, 2013, ASUNCIN, PARAGUAY, FOOD SAFETY EVALUATION & ENVIRONMENTAL RISK ASSESSMENT OF GMOS, OCTOBER 14-15, 2013, BRASILIA, BRAZIL, PAKISTAN BIOSAFETY CONFERENCE, DECEMBER 13, 2013, ISLAMABAD, PAKISTAN + VIDEO-CONFERENCE FROM WASHINGTON DC, WORKSHOP ON LOW-LEVEL PRESENCE IN SEED A SCIENCE BASED APPROACH TO EXPEDITED ENVIRONMENTAL RISK ASSESSMENT, DECEMBER 18-19, 2013, BUENOS AIRES, ARGENTINA, WORKSHOP ON PROBLEM FORMULATION FOR IDENTIFYING PROTECTION GOALS RELEVANT TO THE ENVIRONMENTAL RISK ASSESSMENT OF GE PLANTS IN INDIA DECEMBER 19-20, 2013, NEW DELHI, INDIA

4b (Code) (Expenses \$ 459,696 including grants of \$ 43,000) (Revenue \$ 0)
 CENTER FOR RISK SCIENCE INNOVATION AND APPLICATION THE CENTER ASSEMBLES INTERNATIONAL, STAKEHOLDER-BALANCED EXPERT GROUPS TO DEVELOP AND APPLY DECISION APPROACHES TO REDUCE WASTED RESOURCES AND IMPROVE HEALTH DURING 2013, RSIA SUPPORTED WORK IN THE AREAS OF HEALTH EFFECTS OF RISK MISPERCEPTION, NANOTECHNOLOGY SAFETY FOR CONSUMER APPLICATIONS AND FOODS AND DEVELOPMENT OF DECISION FRAMEWORKS SAFETY DATA DEVELOPMENT FOR ANTIMICROBIALS THESE EFFORTS INVOLVED ASSEMBLING MULTI-STAKEHOLDER EXPERT GROUPS TO DEVELOP GUIDANCE, EVALUATIONS, AND METHODS, AND TO SHARE THE LATEST SCIENTIFIC UNDERSTANDING ON THE TOPICS ADDRESSED FOR EXAMPLE, THE NANOTECHNOLOGY ACTIVITIES DEVELOPED ABOUT A DOZEN PAPERS DRAFTED BY EXPERT GROUPS CONVENED BY RSIA TO CONVEY STATE OF THE SCIENCE EVALUATIONS OF CURRENT USES AND METHODS TO MEASURE NANOMATERIALS THE AUTHOR LIST FOR THE ACCEPTED PUBLICATIONS FROM THAT SET INCLUDED NEARLY 60 EXPERTS FROM GOVERNMENT, INDUSTRY, ACADEMIC AND NONGOVERNMENT ORGANIZATIONS AROUND THE WORLD THE COMBINED WORK IDENTIFIES RESEARCH PRIORITIES AND INFORMS ACADEMIC INSTITUTIONS ABOUT THE MATERIALS AND METHODS THAT NEED ATTENTION TO BEST IMPROVE OUR ABILITY TO MEASURE EXPOSURE TO NANOMATERIALS THE CENTER ALSO WORKS THROUGH GRANTS TO SUPPORT RESEARCH, AND THROUGH RSIA GRANT SUPPORT HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH ISSUED A CALL FOR PROPOSALS FOR RESEARCH IN 2013 CULMINATING 60 SUBMISSIONS FROM WHICH FOLLOWING PEER REVIEW 23 WERE SELECTED FOR A MARCH 2014 CONFERENCE ON METHODS TO MEASURE THE HEALTH EFFECTS OF RISK MISPERCEPTIONS

4c (Code) (Expenses \$ 237,916 including grants of \$ 130,100) (Revenue \$ 0)
 CENTER FOR INTEGRATED MODELING OF SUSTAINABLE AGRICULTURE AND NUTRITION SECURITY (CIMSANS) - THE PURPOSE OF CIMSANS IS TO ASSEMBLE THE OPEN DATA AND MODELING METHODOLOGIES REQUIRED TO PRODUCE COMPREHENSIVE AND CREDIBLE ASSESSMENTS OF HOW CLIMATE CHANGE AND RESOURCE SCARCITY WILL IMPACT "SUSTAINABLE NUTRITION SECURITY" OUR ABILITY TO MEET GROWING DEMAND FOR SAFE, AFFORDABLE, AND NUTRITIOUS FOOD IN A SUSTAINABLE MANNER ITS OBJECTIVES ARE ACCOMPLISHED THROUGH THE DEVELOPMENT OF PUBLIC-PRIVATE PARTNERSHIPS INCLUDING ACADEMIC, INDUSTRY AND GOVERNMENT SCIENTISTS IN THE FIELDS OF ECONOMIC AND CROP MODELING, AS WELL AS NUTRITION AND PUBLIC HEALTH THESE PARTNERSHIPS ARE CURRENTLY MANIFESTED AS THREE ACTIVE WORKING GROUPS ADVANCING METHODOLOGIES TO ADDRESS CIMSANS' OVERALL MISSION 1)IMPROVED MODELING WORKING GROUP, 2) OPEN AGRICULTURAL DATA WORKING GROUP AND 3) SUSTAINABLE NUTRITION SECURITY WORKING GROUP CIMSANS ALSO HOSTS, SPONSORS, AND CO-ORGANIZES A VARIETY OF SCIENTIFIC EVENTS THESE INCLUDE INDEPENDENT SYMPOSIA, WORKSHOPS, HANDS-ON SCIENTIFIC TRAINING, AND SESSIONS HELD AS PART OF THE PROGRAM OF LARGER SCIENTIFIC AND PROFESSIONAL MEETINGS IN 2013, CIMSANS SPONSORED THE FOLLOWING EVENTS 1) INTERNATIONAL CONFERENCE ON CLIMATE CHANGE AND IMPLICATIONS FOR WATER RESOURCES AND NUTRITION SECURITY IN BANGALORE, INDIA WHERE OVER 25 EXPERTS SPOKE AT THIS IMPORTANT CONFERENCE ON THE EFFECT OF CLIMATE CHANGE ON WATER RESOURCES AND FOOD PRODUCTION IN SOUTH ASIA 2) OPEN DATA THE FOUNDATION FOR BETTER DECISION MAKING IN WASHINGTON, DC, USA WHERE PANELISTS AT THIS EVENT SHARED PERSPECTIVES ON THE OPPORTUNITIES AND CHALLENGES FOR IMPROVED PUBLICPRIVATECOLLABORATION ON PROMOTING THE AVAILABILITY AND USE OF OPEN DATA 3) FIRST INTERNATIONAL CONFERENCE ON GLOBAL FOOD SECURITY IN NOORDWIJKERHOUT, THE NETHERLANDS WHERE THIS PREMIER EVENT ON FOOD AND NUTRITION SECURITY BROUGHT A MULTIDISCIPLINARY EXPERTS TOGETHER TO DISCUSS CHALLENGES WE COLLECTIVELY FACE IN FEEDING THE WORLD'S GROWING POPULATION 4) NAVIGATING NEW RISK LANDSCAPES & OPPORTUNITIES IN GLOBAL FOOD SYSTEMS IN TALLBERG, SWEDEN WHERE CIMSANS CO-SPONSORED THIS FOOD SYSTEMS WORKSHOP IN COLLABORATION WITH THEUNIVERSITY OF WISCONSIN AND THE WORLD BANK 5) PUBLIC-PRIVATE COLLABORATIONS ON MODELING OF SUSTAINABLE NUTRITION SECURITY IN DUBLIN, IRELAND WHERE CIMSANS ROUND TABLE ON OPPORTUNITIES FOR NEW PUBLIC-PRIVATECOLLABORATIONS ON MODELING OF SUSTAINABLE NUTRITION SECURITY RAISED AWARENESS REGARDING THE CHALLENGES OF MODELING CROP PRODUCTIVITY

(Code) (Expenses \$ 438,253 including grants of \$ 157,500) (Revenue \$ 17,434)
 ANNUAL MEETING, BRANCH ACTIVITIES, CSAFF, AND CHHP

4d Other program services (Describe in Schedule O)
 (Expenses \$ 438,253 including grants of \$ 157,500) (Revenue \$ 17,434)

4e Total program service expenses 2,816,551

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA , <input type="checkbox"/> DC , <input type="checkbox"/> GA , <input type="checkbox"/> IL , <input type="checkbox"/> MD , <input type="checkbox"/> MI , <input type="checkbox"/> NC , <input type="checkbox"/> NY , <input type="checkbox"/> PA , <input type="checkbox"/> VA , <input type="checkbox"/> WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> BETH-ELLEN BERRY 1156 15TH STREET NW 2ND FLOOR WASHINGTON, DC 20005 (202) 659-0074

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ┘

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR DENNIS BIER CHAIR	2 00	X		X			0	0	0	
(2) DR JERRY HJELLE VICE CHAIR	2 00	X		X			0	0	0	
(3) DR TAKESHI KIMURA SECRETARY	2 00	X		X			0	0	0	
(4) DR JOHN PETERS TREASURER	2 00	X		X			0	0	0	
(5) DR MARION EHRICH EX OFFICIO	2 00	X					0	0	0	
(6) DR JAMES BUS TRUSTEE	2 00	X					0	0	0	
(7) DR ADAM DREWNOWSKI TRUSTEE	2 00	X					0	0	0	
(8) DR LYNN FREWER TRUSTEE	2 00	X					0	0	0	
(9) DR PHILIP GUZELIAN TRUSTEE	2 00	X					0	0	0	
(10) DR JAMES JONES TRUSTEE	2 00	X					0	0	0	
(11) DR MICHAEL KNOWLES TRUSTEE	2 00	X					0	0	0	
(12) DR PETER VAN BLADEREN TRUSTEE	2 00	X					0	0	0	
(13) DR SUZANNE S HARRIS EXECUTIVE DIRECTOR	16 00 24 00			X			0	246,513	37,622	
(14) MS BETH-ELLEN BERRY CHIEF FINANCIAL OFFICER	10 00 10 00			X			0	152,996	30,657	
(15) DR RICHARD CANADY DIRECTOR, CENTER FOR RSIA	40 00				X		232,871	0	36,405	
(16) DR MORVEN MCLEAN DIRECTOR, CENTER FOR ERA	40 00				X		249,675	0	28,717	
(17) MR SHAWN SULLIVAN GENERAL COUNSEL	10 00 10 00					X	0	147,225	34,075	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d	504,409					
	e	Government grants (contributions) 1e	127,085					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,833,745					
	g	Noncash contributions included in lines 1a-1f \$	299,412					
	h	Total. Add lines 1a-1f	2,465,239					
Program Service Revenue	2a	PROFESSIONAL FEES						
		Business Code						
		900099	10,320	10,320				
	b	REGISTRATIONS						
		900099	5,148	5,148				
	c							
	d							
e								
f	All other program service revenue							
g	Total. Add lines 2a-2f	15,468						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	230,739			230,739		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties	11,086	11,086				
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	978,895				
			(ii) Other					
			b	Less cost or other basis and sales expenses	936,555			
			c	Gain or (loss)	42,340			
	d	Net gain or (loss)	42,340			42,340		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a							
b	Less direct expenses b							
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses b							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold b					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions	2,764,872	26,554	0	273,079			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	320,600	320,600		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	114,214	114,214		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	547,669	317,611	165,989	64,069
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	569,535	375,834	193,701	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,418		38,418	
9	Other employee benefits	123,623		123,623	
10	Payroll taxes	73,847		73,847	
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,534		3,534	
c	Accounting	10,257		10,257	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,100		20,100	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	326,614	322,140	4,474	
12	Advertising and promotion				
13	Office expenses	70,947	60,408	10,340	199
14	Information technology	13,136	8,011	5,125	
15	Royalties				
16	Occupancy	136,131		136,131	
17	Travel	439,103	431,714	4,676	2,713
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	7,928	7,928		
19	Conferences, conventions, and meetings	76,883	75,668	131	1,084
20	Interest				
21	Payments to affiliates	140,000		140,000	
22	Depreciation, depletion, and amortization	15,623	15,623		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SHARED SERVICES ALLOCAT	334,682		334,682	
b	PUBLICATIONS	36,164	36,164		
c	BENEFITS ALLOCATION	0	441,956	-479,306	37,350
d	OVERHEAD ALLOCATION	0	288,680	-307,610	18,930
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,419,008	2,816,551	478,112	124,345
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	965,795	2	738,845
	3 Pledges and grants receivable, net	801,500	3	321,866
	4 Accounts receivable, net	254,561	4	320,760
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	257	9	11,682
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 493,690		
	b Less accumulated depreciation	10b 87,594	65,183	10c 406,096
	11 Investments—publicly traded securities	11,570,784	11	11,834,513
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	40,000	15	40,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,698,080	16	13,673,762	
Liabilities	17 Accounts payable and accrued expenses	241,734	17	244,960
	18 Grants payable		18	
	19 Deferred revenue	170,155	19	75,609
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	153,238	25	166,886
	26 Total liabilities. Add lines 17 through 25	565,127	26	487,455
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,153,047	27	11,213,318
	28 Temporarily restricted net assets	1,979,906	28	1,972,989
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	13,132,953	33	13,186,307	
34 Total liabilities and net assets/fund balances	13,698,080	34	13,673,762	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,764,872
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,419,008
3	Revenue less expenses Subtract line 2 from line 1	3	-654,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,132,953
5	Net unrealized gains (losses) on investments	5	707,490
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,186,307

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
ILSI RESEARCH FOUNDATION

Employer identification number
52-1323610

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 state _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) INTERNATIONAL LIFE SCIENCES INSTITUTE	521131788	7	Yes		Yes		Yes		140,000
Total									140,000

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 business under section 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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
b 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 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's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ILSI RESEARCH FOUNDATION

Employer identification number 52-1323610

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about conservation easement purposes, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures for public service and financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		493,690	87,594	406,096
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				406,096

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,592,362
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	707,490	
b	Donated services and use of facilities	2b	120,000	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	827,490
3	Subtract line 2e from line 1		3	2,764,872
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,764,872

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,539,008
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	120,000	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	120,000
3	Subtract line 2e from line 1		3	3,419,008
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	3,419,008

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2013

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ILSI RESEARCH FOUNDATION

Employer identification number

52-1323610

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	PROGRAM SERVICE, GRANTS TO RECIPIENTS LOCATED IN REGION	TECHNICAL TRAINING WORKSHOPS AND SCIENTIFIC MEETINGS OR CONFERENCES	115,500
(2) SOUTH ASIA	0	0	PROGRAM SERVICE, GRANTS TO RECIPIENTS LOCATED IN REGION	TECHNICAL TRAINING WORKSHOPS AND SCIENTIFIC MEETINGS OR CONFERENCES	189,714
(3) EAST ASIA & PACIFIC	0	0	PROGRAM SERVICE	TECHNICAL TRAINING WORKSHOPS AND SCIENTIFIC MEETINGS OR CONFERENCES	39,000
(4) SOUTH AMERICA	0	0	PROGRAM SERVICE	TECHNICAL TRAINING WORKSHOPS AND SCIENTIFIC MEETINGS OR CONFERENCES	113,000
(5) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICE	TECHNICAL TRAINING WORKSHOPS AND SCIENTIFIC MEETINGS OR CONFERENCES	15,000
3a Sub-total	0	0			472,214
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			472,214

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter _____

3 Enter total number of other organizations or entities _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	DEPENDING ON THE NATURE OF THE GRANT AND THE TYPE OF RECIPIENT, ILSI RESEARCH FOUNDATION WILL GENERALLY HAVE SIGNED AGREEMENTS THAT SPECIFY REQUIRED REPORTS OR OTHER COMMUNICATIONS STAFF MONITOR PROJECTS AS REQUIRED TO ENSURE FUNDS ARE USED FOR THE INTENDED PURPOSE

Additional Data

Software ID:
Software Version:
EIN: 52-1323610
Name: ILSI RESEARCH FOUNDATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	SUPPORT PROPOSAL TO IMPLEMENT A SCHOOL BASED PHYSICAL ACTIVITY PROGRAMME IN ENGLAND EVALUATION OF TAKE 10	10,000	WIRE			
		SOUTH ASIA	RESEARCH ON AVOIDANCE OF RISK TO HUMAN HEALTH AND SAFETY AND TO THE CONSERVATION OF THE ENVIRONMENT AS A RESULT OF THE USE FOR RESEARCH AND COMMERCE OF INFECTIOUS OR GENETICALLY MODIFIED ORGANISMS	12,000	WIRE			
		SOUTH ASIA	RESEARCH TO DETERMINE EXTERNALITIES OF BT COTTON AND EXAMINE FARM OPERATIONS AND PRACTICES AT FARMERS' FIELDS HAVING CLOSE LINK WITH BIOSAFETY GUIDELINES FOR BIOTECHNOLOGY CROPS	10,866	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FOR GLOBAL FORUM ON BIOTECHNOLOGY	27,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESEARCH ON INCREASED PRODUCTIVITY THROUGH GENETICALLY ENGINEERED MAIZE WITHOUT ANY RISK	14,744	WIRE			
		SOUTH ASIA	RESEARCH ON THE IMPACT OF RHIZODEPOSITION AND INCORPORATION OF RESIDUES FROM BT COTTON ON SOIL ECOSYSTEM PROCESSES OF CARBON & NITROGEN CYCLING	39,014	WIRE			

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization ILSI RESEARCH FOUNDATION

Employer identification number 52-1323610

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include AACC INTERNATIONAL, PURDUE UNIVERSITY, FOUNDATION FOR THE GLOBAL COMPACT, DONNELLY ENTERPRISES, HARVARD SCHOOL OF PUBLIC HEALTH, and ILSI NORTH AMERICA.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	DEPENDING ON THE NATURE OF THE GRANT AND THE TYPE OF RECIPIENT, ILSI RESEARCH FOUNDATION WILL GENERALLY HAVE SIGNED AGREEMENTS THAT SPECIFY REQUIRED REPORTS OR OTHER COMMUNICATIONS. STAFF MONITOR PROJECTS AS REQUIRED TO ENSURE FUNDS ARE USED FOR THE INTENDED PURPOSE.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
ILSI RESEARCH FOUNDATION

Employer identification number

52-1323610

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a	Yes	
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR SUZANNE S HARRIS EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	243,993	0	2,520	17,414	20,208	284,135	0
(2) MS BETH ELLEN BERRY CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	152,029	0	967	10,964	19,693	183,653	0
(3) DR RICHARD CANADY DIRECTOR, CENTER FOR RSIA	(i)	208,304	22,360	2,207	15,047	21,358	269,276	0
	(ii)	0	0	0	0	0	0	0
(4) DR MORVEN MCLEAN DIRECTOR, CENTER FOR ERA	(i)	202,132	46,760	783	14,331	14,386	278,392	0
	(ii)	0	0	0	0	0	0	0
(5) MR SHAWN SULLIVAN GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	146,317	0	908	10,626	23,449	181,300	0
(6) DR ANDREW ROBERTS DEPUTY DIRECTOR, CENTER FOR ERA	(i)	130,313	8,240	298	9,122	3,627	151,600	0
	(ii)	0	0	0	0	0	0	0
(7) DR MICHAEL WACH SENIOR SCIENTIFIC PROGRAM MANAGER	(i)	125,720	5,000	1,408	8,580	12,683	153,391	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 5	<p>UNDER THE ORGANIZATION'S BONUS PLAN, A PORTION OF THE CENTER DIRECTORS' INCENTIVE COMPENSATION IS CALCULATED BASED ON A PERCENTAGE OF GRANT AND CONTRIBUTION REVENUE RECOGNIZED ON THE AUDITED FINANCIAL STATEMENTS FOR THE PRIOR CALENDAR YEAR. TO QUALIFY, THE EMPLOYEE'S CENTER MUST HAVE ENDED THE PRIOR CALENDAR YEAR WITH POSITIVE ACCUMULATED NET ASSETS AND THE CENTER DIRECTOR MUST BE ABLE TO SHOW THAT EACH DISTINCTLY FUNDED PROGRAM WITHIN THE CENTER IS FINANCIALLY SOLVENT OR WILL BE WITHIN A REASONABLE PERIOD. NO CENTER DIRECTOR'S COMBINED TOTAL COMPENSATION MAY EXCEED THE UPPER LIMIT OF WHAT THE ILSI RESEARCH FOUNDATION COMPENSATION COMMITTEE DETERMINES TO BE REASONABLE COMPENSATION FOR THAT EMPLOYEE PURSUANT TO THE INTERMEDIATE SANCTIONS SAFE HARBOR PROCEDURES DESCRIBED IN THE U.S. TREAS. REG. 53.4958-6.</p>

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization ILSI RESEARCH FOUNDATION

Employer identification number

52-1323610

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 shows 1 contribution of SOFTWARE valued at 299,412 FMV.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Summary table with columns Yes and No. Rows 30a, 31, 32a, 33.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
ILSI RESEARCH FOUNDATION

Employer identification number

52-1323610

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	
FORM 990, PART VI, SECTION B, LINE 11	THE CFO, GENERAL COUNSEL, AND EXECUTIVE DIRECTOR REVIEW THE RETURN ONCE IT IS IN ITS FINAL FORM, A COPY IS SENT ELECTRONICALLY TO THE BOARD OF TRUSTEES FOR REVIEW
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE EXECUTIVE DIRECTOR, TRUSTEES AND KEY EMPLOYEES COMPLETE CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. COMPLETED CONFLICT OF INTEREST FORMS FOR THE TRUSTEES AND EXECUTIVE DIRECTOR ARE REVIEWED BY IN-HOUSE COUNSEL, WHOSE OBSERVATIONS ARE SHARED WITH THE CHAIR. IN THE EVENT THAT A CONFLICT SHOULD ARISE ON THE PART OF A TRUSTEE, THE CHAIR (OR IF THE CONFLICT INVOLVES THE CHAIR, ANOTHER DISINTERESTED TRUSTEE) WILL COMMUNICATE WITH THE INTERESTED TRUSTEE TO DETERMINE THE NATURE OF THE CONFLICT AND WHETHER THE TRUSTEE SHOULD ABSTAIN FROM DECIDING ON MATTERS AFFECTED BY THE INTEREST. THE DISINTERESTED MEMBERS OF THE BOARD OF TRUSTEES HAVE THE AUTHORITY TO REMOVE THE TRUSTEE WITH THE INTEREST FROM CONSIDERATION OF THE MATTER TO WHICH THE INTEREST PERTAINS. CONFLICT OF INTEREST FORMS, COMPLETED BY THE EXECUTIVE DIRECTOR, ARE REVIEWED BY THE CHAIR AND ANOTHER INDEPENDENT TRUSTEE WHO WILL INTERVIEW IF A TRUE CONFLICT SHOULD ARISE. CONFLICT OF INTEREST FORMS COMPLETED BY KEY EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR ARE REVIEWED BY THE GENERAL COUNSEL AND BY THE EXECUTIVE DIRECTOR, WHO HAS RESPONSIBILITY FOR MANAGING ANY CONFLICTS DECLARED BY THE KEY EMPLOYEES.</p>
FORM 990, PART VI, SECTION B, LINE 15A	<p>IN 2008, THE ILSI RESEARCH FOUNDATION BOARD OF TRUSTEES AMENDED THE BY LAWS TO ESTABLISH A FORMAL PROCESS FOR SETTING EXECUTIVE COMPENSATION IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE SAFE HARBOR REGULATION REGARDING EXCESS BENEFITS. UNDER THIS PROCEDURE, THE CHAIR OF THE ILSI BOARD OF TRUSTEES APPOINTS A COMPENSATION COMMITTEE COMPOSED OF THREE INDEPENDENT TRUSTEES. THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF THE ILSI RF EXECUTIVE DIRECTOR. THE REVIEW INCLUDES CONSIDERATION OF COMPARABILITY DATA. THE COMPENSATION COMMITTEE ESTABLISHES A RANGE OF COMPENSATION THAT THE COMMITTEE DEEMS REASONABLE. THAT RANGE IS PROVIDED TO THE ILSI RF EXECUTIVE COMMITTEE. BECAUSE ILSI RF'S EXECUTIVE DIRECTOR ALSO SERVES AS EXECUTIVE DIRECTOR OF ILSI, ILSI ALSO ESTABLISHED A COMPENSATION COMMITTEE WHOSE TERMS OF REFERENCE AND MODE OF OPERATION ARE SUBSTANTIALLY THE SAME AS THOSE OF ILSI RESEARCH FOUNDATION. THE ILSI PRESIDENT AND THE ILSI RESEARCH FOUNDATION CHAIR SET THE EXECUTIVE DIRECTOR'S COMPENSATION AT A FIGURE THAT IS CONSISTENT WITH THE RANGES ESTABLISHED BY THE TWO COMPENSATION COMMITTEES. THE COMPENSATION COMMITTEES RECORD THEIR DECISION IN CONTEMPORANEOUS WRITTEN MINUTES IN ACCORDANCE WITH THE IRS SAFE HARBOR REGULATION WITH REGARD TO EXCESS BENEFITS. THE COMPENSATION COMMITTEE IS ONLY REQUIRED TO PERFORM THE COMPENSATION REVIEW DESCRIBED ABOVE WITH REGARD TO COMPENSATION OF THE EXECUTIVE DIRECTOR. HOWEVER, THE COMMITTEE HAS THE DISCRETION TO PERFORM SUCH A REVIEW WITH REGARD TO ANY ILSI RF EMPLOYEES AS IT DETERMINES APPROPRIATE. IF THE COMPENSATION OF AN ILSI RF EMPLOYEE OTHER THAN THE EXECUTIVE DIRECTOR IS NOT DETERMINED IN ACCORDANCE WITH THE PROCEDURE DESCRIBED ABOVE, HIS/HER COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR IN ACCORDANCE WITH HIGH-TO-LOW RANGES ESTABLISHED BY THE DIRECTOR OF HUMAN RESOURCES IN COOPERATION WITH THE EXECUTIVE DIRECTOR. THE COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR AND ANY OTHER ILSI RF EMPLOYEE SUBJECT TO COMPENSATION COMMITTEE REVIEW DOES INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. COMPENSATION OF EMPLOYEES WHO ARE NOT SUBJECT TO SUCH A REVIEW IS ESTABLISHED BY THE EXECUTIVE DIRECTOR, WHO IS INDEPENDENT OF THE EMPLOYEES, AND IT IS NORMALLY BASED ON A REVIEW OF COMPARABLE COMPENSATION IN NONPROFIT CORPORATIONS OF THE SAME SIZE IN THE WASHINGTON, DC AREA. THE PROCESS BY WHICH COMPENSATION IS SET IS DOCUMENTED IN WRITING, BUT THIS IS NOT DONE IN THE SAME FORMAL MANNER AS REVIEW BY THE COMPENSATION COMMITTEE.</p>
FORM 990, PART VI, SECTION C, LINE 19	ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON WEBSITE

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
ILSI RESEARCH FOUNDATION

Employer identification number

52-1323610

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTERNATIONAL LIFE SCIENCES INSTITUTE 1156 15TH STREET NW WASHINGTON, DC 20005 52-1131788	TO IMPROVE PUBLIC HEALTH AND WELL-BEING	DC	501(C)3	170(B)(1)(A)VI			No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No
1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**