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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	For the 2		r year, or tax year beginning , 2016,	and ending		, 20	,
_	B Check if applicable C Name of organization				D Employ	er identifica	tion number
	Address cha		MARS RESEARCH INC		45-	0513523	
П	Name chan	•	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telepho	ne number	
	initial retum	•	ļ.				
П	Final return	/terminated	PO BOX 215		(51	5) 852-47	91
П	Amended re	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group E	Exemption	
Π̈	Application		WILLIAMS, IA 50271		Numbe	r 🕨	
G		ng Method	X Cash	Н	Check ►	X if the orga	anization is not
- 1	Website	-			required to	attach Sched	ule B
J			check only one) - 🗶 501(c)(3)	(1) or 527	(Form 990,	990-EZ, or 99	30-PF)
ĸ			Corporation Trust Association Other				
		•	7b to line 9 to determine gross receipts If gross receipts are \$200,000 o		assets		
			() are \$500,000 or more, file Form 990 instead of Form 990-EZ			. > \$	109,149
_	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	lances (see th	ne instructio	ns for Part)
	<u></u>		the organization used Schedule O to respond to any question				
_	1		s, gifts, grants, and similar amounts received			1	98,995
	2		vice revenue including government fees and contracts			2	30,333
	2	Mombarehin	dues and assessments			3	
	3	Investment i				4	
	5-		nt from sale of assets other than inventory			 	
	1					,	
	L		r other basis and sales expenses			5c	
	ئ ا					-	
	,	-	fundraising events ne from gaming (attach Schedule G if greater than				
9				'			
ş			e from fundraising events (not including \$	of contribution	ne	1 1	
			sing events reported on line 1) (attach Schedule G if the		7113	<u> </u>	
	-		gross income and contributions exceeds \$15,000)	6h		1 1	
2017	1 .		expenses from gaming and fundraising events			1	
2			or (loss) from gaming and fundraising events —			1	
2	"			obliaci		6d	
(===	7-		of inventory, less returns and allowances			- Ju	
∝			of goods sold			†	
APR			or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
			ue (describe in Schedule O)			8	10 154
	8		ine. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	10,154
% -		Cranto and	eimiles amounts and (list in Schodula O)			10	109,149
SCAR	10		similar amounts paid (list in Schedule O)		၂ၓ္တ	11	110,000
	l l	•	ner compensation, and employee benefits	2 7 2017	0	12	
90	ဖွ 12 9 13]&]	13	
	13 14 15 15		If fees and other payments to independent contractors			14	
	원 14 × 45		thestern posters and thantenance	DEN; UT		15	
ı	_	• • •	blications, postage, and shipping		,_,_,,	16	1 601
	16	•	indes (describe in concedic c)			17	1,621
-	17	<u>.</u>				18	111,621
	四 18	•	const, is the year (country in the interest in the co				(2,472)
	19		or fund balances at beginning of year (from line 27, column (A)) (must a	gree with		10	20 15-
•	Net Assets		figure reported on prior year's return)			19	20,165
			ges in net assets or fund balances (explain in Schedule O)			20	
=	21			<u> </u>	· · · · · <u>· · · · · · · · · · · · · · </u>	21	17,693
) E	or Paper EA	work Keauct	uon Act Notice, see the separate instructions.			F	orm 990-EZ (2016)

990-EZ (2016) MARS RESEARCH INC			<u>45-</u> 0	<u>51</u> 3:	523 Page 2
Balance Sheets (see the instructions for Part	: II)				
	respond to any question	n in this Part II			
•		(A) Beg	inning of year		(B) End of year
Cash, savings, and investments			20,165	22	17,693
zuna uma zumamge			0	23	0
Other assets (describe in Schedule O)			0	24	0
Total assets			20,165	25	17,693
Total liabilities (describe in Schedule O)			0	26	<u>0</u>
			20,165	27	17,693
	•	· ·	_	ļ	Expenses
		on in this Part III		(Req	uired for section
it is the organization's primary exempt purpose? MEDICAL	RESEARCH			501(c)(3) and 501(c)(4)
cribe the organization's program service accomplishments for	each of its three largest prog	gram services,		orga	nizations, optional for
·		number of		othe	rs)
					
	OR A CURE FOR				
MULTIPLE SCLEROSIS		-			
(Grante \$) If this amou	nt includes foreign grants, c	hack hara		282	0
		neck field		200	ļ <u>-</u>
PUBLIC EDUCATION AND INFORMATION ON MUL	PIPLE SCIEROSIS				
				1	1
(Grants \$) If this amou	nt includes foreign grants, c	heck here	▶ □	29a	0
(Clarits 4) It this amou	in includes loreign grants, o	neok nere		1	<u> </u>
······································					
				İ	
(Grants \$) If this amou	nt includes foreign grants, c	heck here · · · ·	▶ 🗍	30a	
				1	†
, ,	nt includes foreign grants, c	heck here	▶ □	31a	i
· · · · · · · · · · · · · · · · · · ·				32	0
					
List of Officers, Directors, Trustees, and Key En	nployees (list each one evei	n if not compensated -	 see the instruct 	tions t	for Part IV)
List of Officers, Directors, Trustees, and Key Err Check if the organization used Schedule O to response	· ·				for Part IV)
	and to any question in this Pa				
	· ·	(c) Reportable compensation	(d) Health benefits	s,	(e) Estimated amount of
Check if the organization used Schedule O to response	(b) Average	(c) Reportable	(d) Health benefits	s, ployee	
Check if the organization used Schedule O to response	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emp benefit plans, an	s, ployee	(e) Estimated amount of
Check if the organization used Schedule O to response	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emp benefit plans, an deferred compens	s, ployee	(e) Estimated amount of
Check if the organization used Schedule O to response (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emp benefit plans, an deferred compens	s, ployee	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response (a) Name and title L VOGE SSIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emp benefit plans, an deferred compensi	s, ployee	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response (a) Name and title IL VOGE SIDENT BERTA VOGE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emp benefit plans, an deferred compensi	s, bloyee d ation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response (a) Name and title LL VOGE CSIDENT BERTA VOGE CE PRESIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employment benefit plans, an deferred compensi	s, bloyee d ation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employment benefit plans, an deferred compensi	s, bloyee of attorn	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee of attorn	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee dation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee d ation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee d ation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee d ation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee d ation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employers, and deferred compens.	s, bloyee d ation	(e) Estimated amount of other compensation
	Cash, savings, and investments and and buildings Other assets (describe in Schedule O) Total liabilities (describe in Schedule O) Set assets or fund balances (line 27 of column (B) must agr Statement of Program Service Accomplist Check if the organization used Schedule O to the state organization's primary exempt purpose? MEDICAL In the organization's program service accomplishments for easured by expenses in a clear and concise manner, describe ons benefited, and other relevant information for each program CONTINUED SUPPORT OF MEDICAL RESEARCH FOULTIPLE SCLEROSIS Grants \$) If this amount of the program service in Schedule O) Grants \$) If this amount of the program services (describe in Schedule O) Grants \$) If this amount of the program services (describe in Schedule O) Grants \$) If this amount of the program services (describe in Schedule O) Grants \$) If this amount of the program services (describe in Schedule O) Grants \$) If this amount of the program services (describe in Schedule O) Grants \$) If this amount of the program service expenses (add lines 28a through 31a	Cash, savings, and investments and and buildings Other assets (describe in Schedule O) Otal assets Otal liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Other assets or fund balances (line 27 of column (B) must agree with line 21) Otheck if the organization used Schedule O to respond to any question as the organization's primary exempt purpose? MEDICAL RESEARCH OTHER OF A CURE FOR MEDICAL RESEARCH OTHER SCLEROSIS Grants \$ OTHER OF MEDICAL RESEARCH FOR A CURE	Cash, savings, and investments and and buildings Other assets (describe in Schedule O) Otal assets Otal liabilities (describe in Schedule O) Otal assets Otal program service (describe in Schedule O) Otal assets Otal program service (add lines 28a through 31a)	(A) Beginning of year 20, 165 and and buildings	Cash, savings, and investments and and buildings Cher assets (describe in Schedule O) Cotal assets Cotal sassis Cotal sassi

Form 990-EZ (2016)

EEA

	•			
	990-EZ (2016) MARS RESEARCH INC 45-05135	23_	P	age 3
Par				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • • •		<u>· LL</u>
		$\overline{}$	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	'	j	
	detailed description of each activity in Schedule O	33		<u>X</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		[
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			ı
	change on Schedule O (see instructions)	34		<u>X</u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>X</u> _
b		35b		
С	The second secon		1	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	<u> </u>	Ì	
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a		 		
b		37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		j
39	Section 501(c)(7) organizations Enter			, ,
а		-]]	
b		-		į į
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С		1		ĺ
	on organization managers or disqualified persons during the year under sections 4912,	ļ		ļ ·
	4955, and 4958	1	[]	ĺ '
d				1
	40c reimbursed by the organization			
6	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a			<u>791</u>	
	Located at ► 491 APRICOT AVE, DOWS, IA ZIP+4 ► 50071	·	· 1	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	405	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			1
	Financial Accounts (FBAR)	[[1	{
_		42c		
С	If "Yes," enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
73	•	i		ᆫ
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	No
++ d	completed instead of Form 990-EZ	44a		Х
.	·	448	┼─	+^
b	, , , , , , , , , , , , , , , , , , , ,	446	- ~	
_	completed instead of Form 990-EZ	44b	 	X
ч С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
u	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d	1	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	X
-J a	and and original and a dominated entity within the inequities of section 212(0)(12).	+50	4	$\Gamma \Delta$

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45b

Form 990-EZ (see instructions)

Form 9	90-EZ (201	6) MARS RESEARCH II	1C			45-05	L3523	F	age 4
								Yes	No
46	Did the	organization engage, directly or indirectly, in	political campaign activities	es on behalf of or in oppo	sition				2
		dates for public office? If "Yes," complete S		<u> </u>	<u></u>	· · · · ·	. 46		X
Pär	tivi · s	Section 501(c)(3) organizations	only						
		All section 501(c)(3) organizations	must answer questi	ions 47-49b and 52	, and comple	ete the ta	bles for	lines	
	5	50 and 51.							
	(Check if the organization used Scl	nedule O to respond	to any question in	this Part VI				. 🗌
								Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) ele	ction in effect during the	tax				
	vear? if	"Yes," complete Schedule C, Part II					. 47		X
48	,	ganization a school as described in section	170(b)(1)(A)(u)? If "Yes."	complete Schedule E			. 48		Х
49 a		organization make any transfers to an exem					. 49a	†	Х
b		was the related organization a section 527	•				. 49b		┝┄
50	•	te this table for the organization's five higher	•	se (other than officers, dur	actore trustage	and key		.4	<u>. </u>
50		ees) who each received more than \$100,000		•		-			
	employe	ees) who each received more than \$100,000		e organization in there is		т Т			
			(b) Average	(c) Reportable	(d) Health ben contributions to e		(e) Estimat	ed amou	nt of
		(a) Name and title of each employee	hours per week	compensation	benefit plans, and		other co	ompensa	tion
			devoted to position	(Forms W-2/1099-MISC)	compensat	ion			
			1		ĺ				
NON	<u> </u>								
f	Total nu	mber of other employees paid over \$100,00	00 ▶						
51		te this table for the organization's five highe		ent contractors who each	received more	than			
		00 of compensation from the organization 1							
	(a)	Name and business address of each independent contr	actor	(b) Type of service	e	(c)	Compensati	on	
NON.	F.								
11011	<u> </u>								
			· · · · · · · · · · · · · · · · · · ·	 					
					ļ				
				,				-	
		 _		l					_
d		imber of other independent contractors each	•						
52		organization complete Schedule A? Note: A					E-3	_	
	complet	ted Schedule A · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	• • • • • • •	<u>· · · .</u> <u>▶</u>	X Ye	s 📋	No
Unde	r penalties	of perjury, I declare that I have examined this ref	urn, including accompanying	schedules and statements,	and to the best of	my knowledg	e and belie	f, it is	
true,	correct, an	d complete Declaration of preparer (other than	officer) is based on all informa	ation of which preparer has a	ny knowledge				
	1	_ Unda Classe	n						
Sig	n	Signature of officer			Date	1. 1.	_		
Her	e	_ CINDA CLASSON	TRAS		ゴ ,	116 [[7		
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date	Che	ck I if	PTIN		
Paid						employed			
Prep		Firm's name		<u> </u>	Firm's EIN			<u> </u>	
•	Only	Firm's address	- 	· · · · · · · · · · · · · · · · · · ·	FIIITSEIN	<u>-</u>			
-30	Jy	1 11113 8001033							
NA	the IDC	discuss this paties with the present of the	phoyo2 Con test test		Phone no		77 0	_ [N-
	uie iko (discuss this return with the preparer shown	souver See instructions			· · · · <u>P</u>	Ye		No
EEA							Form 9	90-EZ	(2016)

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury

Employer identification number

MAR	S R	ESEARCH INC					45-051352				
Pa	rt I	Reason for Public Charity	Status (All org	ganizations must co	mplete t	his part) See instruction	S			
The	orgar	nization is not a private foundation becau	use it is (For lines	1 through 12, check only	one box)						
1		A church, convention of churches, or a	ssociation of churc	hes described in section	170(b)(1)(A)(i).					
2		A school described in section 170(b)(1	I)(A)(ii). (Attach Sc	chedule E (Form 990 or 9	90-EZ))						
3		A hospital or a cooperative hospital ser	vice organization d	lescnbed in section 170(b)(1)(A)(iii).					
4		A medical research organization opera-	ted in conjunction v	with a hospital described i	n 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 Pa	art II)								
6		A federal, state, or local government or	governmental unit	described in section 17	0(b)(1)(A)(v).					
7	X	An organization that normally receives	a substantial part of	of its support from a gove	rnmental u	nit or from	the general public				
		described in section 170(b)(1)(A)(vi).	(Complete Part II)								
8		A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II)							
9		An agricultural research organization d	escribed in sectio r	n 170(b)(1)(A)(ix) operate	ed in conjui	nction with	a land-grant college				
		or university or a non-land-grant colleg	e of agriculture (se	e instructions) Enter the	name, city	, and state	of the college or				
		university					·				
10		An organization that normally receives	(1) more than 33	1/3% of its support from o	contribution	s, membe	rship fees, and gro ss	i			
		receipts from activities related to its ex-	empt functions - su	ibject to certain exception	ns, and (2)	no more th	nan 33 1/3% of its				
		support from gross investment income	and unrelated bus	iness taxable income (les	ss section (511 tax) fro	m businesses				
		acquired by the organization after June	e 30, 1975 See se e	ction 509(a)(2). (Comple	te Part III)						
11		An organization organized and operate	ed exclusively to tes	st for public safety See se	ection 509	(a)(4).					
12		An organization organized and operate	ed exclusively for th	ne benefit of, to perform the	ne function:	s of, or to o	carry out the purpose	S			
		of one or more publicly supported orga	inizations described	d in section 509(a)(1) or	section 50	9(a)(2) S	ee section 509(a)(3)	•			
		Check the box in lines 12a through 12d	d that describes the	e type of supporting orgai	nization and	d complete	lines 12e, 12f, and 1	2g			
	а	Type I. A supporting organization	•	•							
		the supported organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ectors or tr	ustees of the				
		supporting organization You mus	2								
	b	Type II. A supporting organization									
		control or management of the sup			sons that c	ontrol or m	anage the supported				
		organization(s) You must comple									
	С	Type III functionally integrated.						•			
		its supported organization(s) (see	· ·								
	d	Type III non-functionally integra		-							
		that is not functionally integrated		•		•	and an attentivenes	S			
		requirement (see instructions) Yo	-				Same II. Thomas III				
	е	Check this box if the organization				a type i, i	ype II, Type III				
		functionally integrated, or Type III	-		lization						
	T	Enter the number of supported organic									
	g	Provide the following information abou					(v) Amount of monetary	4-14-			
	1	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the or listed in you	-	support (see	(vi) Amo			
				above (see instructions))	docum	ent?	instructions)	instru	≾ions)		
					Yes	No					
					1 3 3						
(A)											
											
(B)											
_	•										
(C)											
(D)											
(E)											
(E)					ļ						
T	hl										
To	läli –		ı	1	1	1	1	1			

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

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

Sec	tion A. Public Support			·			
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	70,028	73,294	75,474	85,090	98,995	402,881
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	70,028	73,294	75,474	85,090	98,995	402,881
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						402,881
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	70,028	73,294	75,474	85,090	98,995	402,881
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				11,637		11,637
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 VI)	22,754	26,370	31,354	22,326	10,154	112,958
11	Total support. Add lines 7 through 10 .						527,476
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	or fifth tax year as	a section 501(c)(3)	▶ 🗍
	tion C. Computation of Public Su	···	_ 				
14 15	Public support percentage for 2016 (line 6, or Public support percentage from 2015 Sched					14	76.38 %
16a							71.45 %
IVa	box and stop here. The organization qualifie					. tnis	⊾ ⊠
b	33 1/3% support test - 2015. If the organization		-				▶ 🗓
	this box and stop here. The organization qu						▶ □
17a	10%-facts-and-circumstances test - 2016	• •					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact				•		
	organization · · · · · · · · · · · · · · · · · · ·		-	•			▶ □
b	10%-facts-and-circumstances test - 2015						
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization mee					v	
	supported organization				•	•	▶ □
18	Private foundation. If the organization did i						, ,
	instructions						▶ □

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Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 •						<u> </u>
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			<u> </u>			
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						
50/	ction B. Total Support		<u> </u>	1 *	,		
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	/f\ Total
9	Amounts from line 6	(4) 2012	(b) 2013	(6) 2014	(0) 2015	(e) 2016	(f) Total
	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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
	First five years. If the Form 990 is for the org organization, check this box and stop here		· <u>··</u> ····		s a section 501(c)(▶ □
Sec	ction C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2016 (line 8, co	• •	•	f)) · · · · ·		. 15	%
16	Public support percentage from 2015 Schedu				<u> </u>	. 16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2016 (line			• • • •		. 17	%
18	Investment income percentage from 2015 Sc					. 18	%
19a	33 1/3% support tests - 2016. If the organization of more than 33 1/3%, check this box a	ation did not check and stop here . Th	k the box on line 14 ie organization qua	l, and line 15 is mo ilifies as a publicly	ore than 33 1/3%, a supported organiza	nd line ation	▶ 📋
	33 1/3% support tests - 2015. If the organizatine 18 is not more than 33 1/3%, check this t	oox and stop her e	. The organization	qualifies as a pub	licly supported orga	anization	▶ □
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	<u> </u>	<u> ▶ 🗍</u>

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Supporting Organizations Part IV

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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1		
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3a		;
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3b		
3c		
4a		
7a		-
4b		
	,	
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		<u> </u>
10a		
		†
10b	<u> </u>	1

	rt IV Supporting Organizations (continued)			<u> </u>
٠			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			i
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			7
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		' I	
	controlled the organization's activities If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			}
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	'		i
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1 1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax]		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1 . 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how)]	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		[']
	the organization maintained a close and continuous working relationship with the supported organization(s)	-	<u> </u>	ļ,
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ıstruc	ctions	;)
а				
b				
C		(see i		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ſ		ĺ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify]	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
Ł	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		1

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	ization	s must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		 	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).	- 1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<u> </u>	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	7.0	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

5

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued)		
Sec	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which th	e organization is respons	sive	-	
	(provide details in Part VI) See instructions				
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016				
	(reasonable cause required - explain in Part VI) See				
	instructions				
3	Excess distributions carryover, if any, to 2016				
а					
b					
С	From 2013				
d	From 2014				
	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from				
	Section D, line 7 \$				
a	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount		T		
	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if				
	any. Subtract lines 3g and 4a from line 2 For result				
	greater than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in				
	Part VI See instructions.				
7	Excess distributions carryover to 2017 Add lines 3j				
	and 4c				
8	Breakdown of line 7				
а	I I				
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				

e Excess from 2016

. . . .

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2016

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

	Section 50 ((c)(4), (5), or (6) organizations	Complete r art III		FI	
	e of organization				er identification number
	RS RESEARCH INC	zation is exempt under section	E04/a) is		13523
					ganization.
1	Provide a description of the organization's	direct and indirect political campaign ac	tivities in Part IV (s	ee instructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (se			-	
3	Volunteer hours for political campaign active				
		zation is exempt under section			. — . — . — . — . — . — . — . — . — . —
1	Enter the amount of any excise tax incurre				
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 4955				
4a					· · Yes No
p	If "Yes," describe in Part IV		504(-)		1/0)
		zation is exempt under secti		ept section 501(c)(3).
1	Enter the amount directly expended by the				
	activities			· · · · · · · > \$ _.	·
2	Enter the amount of the filing organization				
	527 exempt function activities · · · · ·			> \$	
3	Total exempt function expenditures Add lii		,		
	line 17b				
4	Did the filing organization file Form 1120-	POL for this year?		· · · · · · · · · · · · · · ·	· · L Yes L No
5	Enter the names, addresses and employe		•		•
	organization made payments For each or	-	· -		
	the amount of political contributions receive	red that were promptly and directly delive	ered to a separate	political organization, su	ch
	as a separate segregated fund or a politic	al action committee (PAC) If additional s	pace is needed, p	rovide information in Pa	rt IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			l	funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)			i		
(2)					
(3)		 			
					-
(4)		-			
_			· · · · · · · · · · · · · · · · · · ·	·	
(5)					
(6)					

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Pa	rt II-A Complete if the organization	is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
١.	Check 🕨 🔲 if the filing organization belongs to ar	affiliated group	(and list in Part IV ead	ch affiliated group mei	mber's	
	' name, address, EIN, expenses, and	share of excess	obbying expenditures	s)		
3	Check 🕨 🔲 if the filing organization checked box	A and "limited co	ntrol" provisions appl	у		
	Limits on Lobby	ing Expenditure	S		(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public opini	on (grass roots k	obbying) · · · ·			
b	Total lobbying expenditures to influence a legislative	body (direct lob	byıng)			
C	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c ar	nd 1d) • • • •				
f	Lobbying nontaxable amount Enter the amount from	m the following ta	ble in both			.,,
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the an	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess of	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line 1	f)				
h	Subtract line 1g from line 1a If zero or less, enter -)				
i	Subtract line 1f from line 1c If zero or less, enter -0-					
j	If there is an amount other than zero on either line	Th or line 1i, did t	he organization file Fo	orm 4720		
	reporting section 4911 tax for this year?					Yes No
			ng Period Under			
	(Some organizations that made a sec	tion 501(h) el	ection do not hav	e to complete all	of the five column	s below.
	See t	he separate ii	nstructions for lir	nes 2a through 2f.)	
	Lobbyir	g Expenditures	During 4-Year Avera	aging Period		
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)			, , ,		` ,
			 			
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
0	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

EEA

Schedule C (Form 990 or 990-EZ) 2016

EEA

Schedule C (Form 990 or 990-EZ) 2016 MARS RESEARCH INC 45-0513523

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	t IV - II	(;	a)	(b)	
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed inption of the lobbying activity	Yes	No	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of				
а	Volunteers?	<u></u>	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c	Media advertisements?		Χ		
d	Mailings to members, legislators, or the public?	L	X		
0	Publications, or published or broadcast statements?		Χ		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ		
i	Other activities?		X		
j	Total Add lines 1c through 1i		,		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	1	
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ŀ			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X		
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5),	or se	ection	
	501(c)(6).				
				Yes	N
ı	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	-
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3	
1	answered "Yes." Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
_	political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
~	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
J A	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			 	
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?		4	-	
_	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
5 Da	rt IV Supplemental Information	<u> </u>	 •		
rov	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line instructions), and Part II-B, line 1. Also, complete this part for any additional information	nes 1	and		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

MARS RESEARCH INC		45-0513523
01. Description of other reve	enue (Part I, line 8)	
Description	Amount	
RAFFLE	1,874	
GOLF OUTING/ AUCTION	8,280	
02. List of grants and simil	ar amounts paid (Part I, line 10)	
Activity	MEDICAL RESEARCH	
Grantee	NATIONAL MULTIPLE SCLEROSIS SOCIETY	
Street	8180 UNIVERSITY BLVD SUITE B	
City, State, Zip	CLIVE, IA 50325	
Relationship	NONE	
Amount	110,000	
03. Description of other exp	enses (Part I, line 16)	
Description	Amount	
LIABILITY INS	265	
BOARD MEETING EXPENSE	1,086	
COMPUTER REPAIR/MAINT	228	
POST OFFICE BOX RENT	42	
	. <u> </u>	