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)

2017

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

			ue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.		шоросион
A F	or t	he 2	2017 calenda	r year, or tax year beginning , 2017, and ending		, 20
В	heck	ıf ap	plicable	C Name of organization D Employ	yer identi	fication number
□≉	ddre:	ss ch	ange	MARS RESEARCH INC 45-	051352	3
۱	lame	chan	ge	Number and street (or PO box, if mail is not delivered to street address) Room/suite E Telepho	ne numbo	er
□ "	nitial i	returr	1			
□ ₽	ınal r	eturn	/terminated	PO BOX 215 (51	5) 852-	4791
	men	ded re	eturn	City or town, state or province, country, and ZIP or foreign postal code	Exemption	1
	pplic	ation	pending	WILLIAMS, IA 50271 Number	r 🕨	
G A	Acco	unti	ng Method		X If the	organization is not
1 1	Neb	site	: ▶	required to	_	-
J	Гах-	өхө	mpt status (d	heck only one) -   501(c)(3)		
			organization	Corporation Trust Association Other		
			•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
				are \$500,000 or more, file Form 990 instead of Form 990-EZ	. <b>&gt;</b> \$	85,667
	irt			e, Expenses, and Changes in Net Assets or Fund Balances (see the instruction		
تــــــا				the organization used Schedule O to respond to any question in this Part I		•
	1	1		s, gifts, grants, and similar amounts received	1	71,039
		2		vice revenue including government fees and contracts	2	/1,039
		3		dues and assessments	3	
		4	Investment		4	
		т 5а		nt from sale of assets other than inventory		
					1	
	į .					
		_	·-	from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
		6	Gaming and			
<b>a</b> (	ō	а		e from gaming (attach Schedule G if greater than		
Revenue	2		\$15,000)	6a	1	
		b		e from fundraising events (not including \$ of contributions		
	9			sing events reported on line 1) (attach Schedule G if the	, ,	
	<b>&gt;</b>			gross income and contributions exceeds \$15,000) 6b		
	A			expenses from gaming and fundraising events	1	
		ď		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
				• • • • • • • • • • • • • • • • • • • •	6d	
	2			of inventory, less returns and allowances · · · · · · · · · · · 7a	]	
		, b	Less cost of	· · · · · · · · · · · · · · · · · · ·		
	8	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	U.	<b>28</b>	Other reven	ue (describe in Schedule O)	8	14,628
	<u> </u>	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · ·	9	85,667
	'	10		similar amounts paid (list in Schedule O)	10	95,000
	1	11	Benefits paid	to or for members · · · · · · · · · · · · · · · · · · ·	11	
so	'	12	Salaries, oth	er compensation, and employee benefits	12	
Expenses	1	13	Professional	fees and other payments to independent contractors FEB-1 2-2016 - Correct, utilities, and maintenance	13	
per	.	14	Occupancy,	rent, utilities, and maintenance	14	
Ж	.	15	Printing, pub	lications, postage, and shipping	15	
	•	16	Other expen	ses (describe in Schedule O)	16	642
	.	17	Total expen	ses. Add lines 10 through 16	17	95,642
	T -	18	Excess or (c	eficit) for the year (Subtract line 17 from line 9)	18	(9,975)
ets	.	19	•	r fund balances at beginning of year (from line 27, column (A)) (must agree with		
SS	Ì			figure reported on prior year's return)	19	17,693
Net Assets	;	20	-	es in net assets or fund balances (explain in Schedule O)	20	=:,,===
ž	1	21	-	r fund balances at end of year Combine lines 18 through 20	21	7,718
For				on Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2017)
EEA		• •			71	1 Jim JJU-LE (2017)

	1 990-EZ (2017) MARS RESEARCH INC				45-0	5135	23 Page 2
Pa	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	pond to any question	n in this Pa			· · ·	
^^	On the contract constraints			(A) Beg	inning of year	00	(B) End of year
	Cash, savings, and investments	• • • • • • • • • • • • • • • • • • • •			17,693	22	7,718
	Other assets (describe in Schedule O)			-	0	24	0
	Total assets				17,693	25	7,718
26	Total liabilities (describe in Schedule O)				0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree w	rith line 21)			17,693	27	7,718
P	art III Statement of Program Service Accomplishme	•			_		Expenses
	Check if the organization used Schedule O to re	<del></del>	on in this Pa	art III	· · · · · <u> </u>	(Reg	uired for section
Wh	at is the organization's primary exempt purpose? MEDICAL RES	SEARCH				' '	c)(3) and 501(c)(4)
as r	cribe the organization's program service accomplishments for each neasured by expenses. In a clear and concise manner, describe the sons benefited, and other relevant information for each program title	e services provided, the		s,		orgar other	nizations, optional for es)
28	CONTINUED SUPPORT OF MEDICAL RESEARCH FOR	A CURE FOR					
	MULTIPLE SCLEROSIS	<del></del>				ļ	
		<del></del>				Ì	
20		cludes foreign grants, cl	heck here	<del></del>	· · · · <b>&gt;</b> 📋	28a	0
29	PUBLIC EDUCATION AND INFORMATION ON MULTIP	LE SCLEROSIS				1	}
		<del></del>				ļ	
	(Grants \$ ) If this amount inc	cludes foreign grants, cl	heck here		▶ □	29a	0
30		<u> </u>					<u> </u>
						}	
		cludes foreign grants, c				30a	
31	The program of the control of the control of				_		
22		cludes foreign grants, c				31a	<del> </del>
	Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key Employ					32	or Part IVV
ت.	Check if the organization used Schedule O to respond to		· ·				
			(c) Reports		(d) Health benefits	$\neg \tau$	
	(a) Name and title	(b) Average hours per week	compensa	tion	contributions to emp	loyee	(e) Estimated amount of other compensation
		devoted to position	(Forms W-2/10 (if not paid,		benefit plans, and deferred compensa	- 1	Other compensation
PH	IL VOGE	1	}			}	
	ESIDENT	0.00	ļ	0		_0	0_
	BERTA VOGE						_
	CE PRESIDENT	0.00	<del> </del>	0	<del></del>	_0	0
	NDA CLASSON EASURER	0.00		0		o	0
	ISTIN COOK	1 0.00	<del>                                     </del>			-4	
	CRETARY	0.00		0		o	0
_							
		<u> </u>	L				
		<del> </del>				_	<del></del>
		<del> </del> -	<del> </del>				
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		†** <b>-</b>	<del> </del>				
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		<u></u>					
==		<u> </u>	L		L		Form 600 F7 (0047)
EE/	<b>\</b>						Form 990-EZ (2017)

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	$\overline{}$	<u>. LL</u>
_			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		] ]	
	detailed description of each activity in Schedule O	33_	<del>                                     </del>	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		] ]	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		Х
25.0	change on Schedule O (see instructions)	34	<del>  </del>	
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
_	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>&gt;</b> 37a			
þ	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			į
а	Initiation fees and capital contributions included on line 9	]		
b		ł		1
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	ŀ		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	0 1 504 10 504 140 1504 1400 1504 1504 1	400	<del>                                     </del>	
·	on organization managers or disqualified persons during the year under sections 4912,		,	
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
0	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></u>	<u>52-4</u>	791	
	Located at ► 491 APRICOT AVE, DOWS, IA ZIP+4 ► 50071			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		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 Financial Accounts (FBAR)	.	ļ	1
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
·	If "Yes," enter the name of the foreign country	720	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	, Г
	and enter the amount of tax-exempt interest received or accrued during the tax year	l	-	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	X
b	,,,,			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		:	
	Form 990-EZ (see instructions)	45b	1	X

### 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.

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number MARS RESEARCH INC 45-0513523 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 12, check only one box) 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 (Form 990 or 990-EZ)) 3 П A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see 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 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iv) is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes No

(A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2017 MARS RESEARCH INC Page 2 45-0513523 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2013 (b) 2014 (e) 2017 (c) 2015 (d) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 73,294 75,474 85,090 98,995 71,039 403,892 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 85,090 73,294 75,474 98,995 71,039 403,892 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) Public support. Subtract line 5 from line 4 · · 403,892 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 73,294 75,474 85,090 98,995 71,039 403,892 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 11,637 11,637 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) . . . . . . . . . 26,370 31,354 22,326 10,154 14,628 104,832 11 Total support. Add lines 7 through 10 520,361 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 77.62 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 76.38 33 1/3% support test - 2017. 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 X

b	33 1/3% support test - 2016. 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	<b>•</b>	П
17a	10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported		
	organization · · · · · · · · · · · · · · · · · · ·	<b>•</b>	П
	400/ 5-14-1-1-1		_

- b 10%-facts-and-circumstances test 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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		RESEARCH IN				45-051352	23 Page 3
Pa	rt III Support Schedule for Org					<i>!</i>	<b>-</b>
	(Complete only if you check						er Part II
600	If the organization fails to qualition A. Public Support	uality under th	e tests listed be	elow, please c	omplete Part II		
	<del></del>	(=) 2012	(b) 2014	(-) 2016	(4) 2046	(=) 2047	(D. Tatal
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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						
С	Add lines 7a and 7b · · · · · · · [			/			
8	Public support. (Subtract line 7c from line 6)		/		,	-	
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2013	(b) 2014 /	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · ·	/					
14		/			s a section 501(c)(3)		▶ □
	ction C. Computation of Public Su	<del> </del>					
	Public support percentage for 2017 (line 8, co					15	%
16	Public support percentage from 2016 Schedu			<u> </u>		16	%
Se	ction D. Computation of Investme	nt income Pe	rcentage				

ร 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2016 Schedule A, Part III, line 17 18

19a 33 1/3% support tests - 2017. 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 - 2016. 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
 O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

45-0513523

#### **Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 on 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)

Section	on A.	All S	Sup	porting	ı Orgar	nizations
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- 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
- 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
- 5a 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)
- 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?
- c 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)
- 9a 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.
- 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
	1	·- ·	
Ī			
	2		
ļ			
	3a		
ļ	3b		
	3с		
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	Tu		
	4b		
	40		1
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	4c		
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	5a		]
	5b		
	5c		1
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	7		i
	8		
	9a		:
	9b		J
	9с		
	30	-	
	46	<u></u>	
	10a	<del> </del>	1
	10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	ation	ns must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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	<u> </u>	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			•
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	1	<del></del>	
factors (explain in detail in Part VI)			
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,			
see instructions).	4	į.	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	· · · · · · · · · · · · · · · · · · ·	
6 Multiply line 5 by 035	6		<del>                                     </del>
7 Recoveries of prior-year distributions	7		<del> </del>
8 Minimum Asset Amount (add line 7 to line 6)	8		<del> </del>
Section C - Distributable Amount	<u> </u>	,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		-
2 Enter 85% of line 1.	2		<del> </del>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u> </u>	<del>                                     </del>
4 Enter greater of line 2 or line 3.	4	<del> </del>	
5 Income tax imposed in prior year	5	<del></del>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	inte	grated Type III supporting	ng organization (see

instructions)

Fai		) Supporting Organi	zations (continued)	Current Year			
	Section D - Distributions						
	Amounts paid to supported organizations to accomplish exer						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions				
	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
	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 respon	sive				
	(provide details in Part VI). See instructions	· · · · · · · · · · · · · · · · · · ·					
	Distributable amount for 2017 from Section C, line 6	<del></del>					
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions  Pre-2017						
	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required - explain in Part VI) See			,			
	instructions		:				
3	Excess distributions carryover, if any, to 2017						
a							
	From 2013						
С	From 2014			'			
d	From 2015		*	, ,			
е	From 2016						
f	Total of lines 3a through e			,			
_ g	Applied to underdistributions of prior years			,			
	Applied to 2017 distributable amount	,					
i	Carryover from 2012 not applied (see instructions)		-				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from			, ,			
	Section D, line 7 <sup>-</sup> \$						
а	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount		-				
C	Remainder Subtract lines 4a and 4b from 4			,			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h		······································				
	and 4b from line 1 For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2018. Add lines 3						
	and 4c						
8	Breakdown of line 7.						
а	Excess from 2013						
b	Excess from 2014						
С	Excess from 2015						
d	Excess from 2016						
е	Excess from 2017		- 10				

### 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

| 2017

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

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 501(c)(4), (5), or (6) organizations	Complete Part III			
	of organization	Complete Fait III		Emplo	yer identification number
	· ·				)513523
	RS RESEARCH INC  t I-A Complete if the organi	ization is exempt under section	n 501(c) or is		
1	Provide a description of the organization's		<u></u>		. 3
•	definition of "political campaign activities")	and the individue political dampaigh ad-	141(100 III I UIT 14 (C	ice mandonono foi	
2	Political campaign activity expenditures (s	ee instructions)		<b>.</b> . \$	
3	Volunteer hours for political campaign acti				
		ization is exempt under section			<del></del>
1	Enter the amount of any excise tax incurre		<del></del>		<del></del>
2	Enter the amount of any excise tax incurre	, .			
3	If the organization incurred a section 4955				
4a	Was a correction made?				
b	If "Yes," describe in Part IV				
		ization is exempt under section	on 501(c), exc	ept section 501	(c)(3).
1	Enter the amount directly expended by the			<u></u>	
	activities	• •		<b>&gt;</b> \$	
2	Enter the amount of the filing organization			Ť	
	527 exempt function activities	· · · · · · · · · · · · · · · · · · ·			
3	Total exempt function expenditures Add li			•	
	line 17b		•	<b>&gt;</b> \$	
4	Did the filing organization file Form 1120-i			•	
5	Enter the names, addresses and employe				
	organization made payments For each or	• •			•
	the amount of political contributions receiv	·			
	as a separate segregated fund or a politic				
			· · · · · · · · · · · · · · · · · · ·	· -,	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's	( ' '
				funds If none, enter -	
					delivered to a separate
					political organization If none, enter -0-
			· · · ·		
(1)					
			·		
(2)					
(3)					
(4)					
(5)					
		<del> </del>			<del></del>
(6)					l

	dule C (Folm 990 or 990-EZ) 2017 MARS RESEARCH				<u>4</u> 5-0 <u>51</u> 35	
Pa	art 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)).		<del></del>	·		
4	Check ► ☐ if the filing organization belongs to a		•	ch affiliated group me	mber's name,	
	address, EIN, expenses, and share	•	- :			
3	Check ▶ ☐ If the filing organization checked box			<u>/</u>		
	•	ing Expenditure			(a) Filing	(b) Affiliated
_	(The term "expenditures" me	<del></del>	<del></del>		organization's totals	group totals
1a	, , , , , , , , , , , , , , , , , , , ,	_	·			
b	· · · · · · · · · · · · · · · · · · ·	• •				
C						
d	outer onempt purpose onportationes					
6	Total onompt purpose on portation of (and inter-	•				
ı	Lobbying nontaxable amount Enter the amount from	om the following ta	ble in both			
	columns	The labbulas				<del></del>
	If the amount on line 1e, column (a) or (b) is:	<del></del>	nontaxable amoun	t is:		
	Not over \$500,000	<del></del>	nount on line 1e	CEOO 000		
	Over \$500,000 but not over \$1,000,000	<del></del>	15% of the excess of			
	Over \$1,000,000 but not over \$1,500,000	<del></del>	5 10% of the excess of 5% of the excess over			
	Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000	<del></del>	5 5% of the excess ov	er \$1,500,000		
_		\$1,000,000			<del> </del>	<u></u>
g h		•				
	Subtract line 1f from line 1c If zero or less, enter-				ļ <del>-</del>	
	If there is an amount other than zero on either line		he organization file E	orm 4720	L	
,	reporting section 4911 tax for this year?		•			☐ Yes ☐ No
	<del></del>		ing Period Under			
	(Some organizations that made a se	_	_	• •	of the five column	s below.
	•	- •		nes 2a through 2f		
					-,	
_	Lobby	ing Expenditures	During 4-Year Avera	aging Period		
	Calandar year (or fined year	(=) 2014	(h) 2015	(=) 2016	(4) 2017	(a) Total
	Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
	- Loodying Homanable amount					
b	Lobbying ceiling amount			-		
	(150% of line 2a, column (e))					
c	Total lobbying expenditures					
	Grassroots nontaxable amount				<del> </del>	
e	Grassroots ceiling amount					
	(150% of line 2d, column (e))		<del>-</del>			
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

EEA

e <i>scriptu</i> I Dun	"Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(	a)		(b)	
	on of the lobbying activity	Yes	No	<b>A</b>	moun	t
loov	ing the year, did the filing organization attempt to influence foreign, national, state or local	<del> </del>				
regr	slation, including any attempt to influence public opinion on a legislative matter or	ŀ				
refe	rendum, through the use of					
a Voit	inteers?		X			
<b>b</b> Paid	d staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
	dia advertisements?		X			
d Mail	lings to members, legislators, or the public?		X			
e Pub	lications, or published or broadcast statements?		X			
f Gra	nts to other organizations for lobbying purposes?		X			
g Dire	ect contact with legislators, their staffs, government officials, or a legislative body?		Х			
h Rall	ies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ			
i Oth	er activities?		X			
j Tota	al Add lines 1c through 1ı	Γ				
<b>2a</b> Did	the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			-
b If "Y	'es," enter the amount of any tax incurred under section 4912					
c If "Y	'es," enter the amount of any tax incurred by organization managers under section 4912	l				
d If th	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III		<del>)(</del> 5),	or se	ection		
	501(c)(6).					
					Yes	1
We	re substantially all (90% or more) dues received nondeductible by members?			1		L
Did	the organization make only in-house lobbying expenditures of \$2,000 or less? $ \cdots $			2		
Did	the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  -B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		L
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b	) Par	t III-A,	line	3,
1 Due	es, assessments and similar amounts from members		1			
	ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	itical expenses for which the section 527(f) tax was paid).					
	rent year • • • • • • • • • • • • • • • • • • •		2a			
	ryover from last year		2b			
	al		2c			
<b>3</b> Agg	pregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If no	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
exc	ess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	I political expenditure next year?		4	L		
	able amount of lobbying and political expenditures (see instructions)		-			
and			5	<u> </u>		_

#### 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.

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

MARS RESEARCH INC 45-0513523 01. Description of other revenue (Part I, line 8) Description Amount RAFFLE 4,013 AUCTION 10,615 02. List of grants and similar amounts paid (Part I, line 10) Activity MEDICAL RESEARCH NATIONAL MULTIPLE SCLEROSIS SOCIETY Grantee Street 8180 UNIVERSITY BLVD SUITE B CLIVE, IA 50325 City, State, Zip Relationship NONE 95,000 03. Description of other expenses (Part I, line 16) Description Amount LIABILITY INS 365 POST OFFICE BOX RENT 277