# Form **990-E**7

### **Short Form** Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2010

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

at the end of the year may use this form. ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 01/01 , 2010, and ending 20 12/31 10 C Name of organization **B** Check if applicable: D Employer identification number Address change **OFM Research** 57-1222227 Name change Room/suite Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 28430 NE 47th PL 425-880-4418 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Redmond, WA 98053-8841 Number ▶ Application pending H Check ► ✓ if the organization is not **G** Accounting Method: ✓ Cash Other (specify) ▶ Accrual required to attach Schedule B I Website: ► www.ofm-research.org 527 (Form 990. 990-EZ. or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 135.523 line 25. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . . 1 Contributions, gifts, grants, and similar amounts received . . . . . 1 135,523 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments . . . . . . . . . 3 0 4 Investment income 4 0 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . . . . . . . . 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 **7a** Gross sales of inventory, less returns and allowances . . . 7a 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c С 0 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . 9 135,523 Grants and similar amounts paid (list in Schedule O) . . . . . . . 10 10 0 11 Benefits paid to or for members . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits . . . . . 12 109,861 13 Professional fees and other payments to independent contractors . . . . 13 15,000 Occupancy, rent, utilities, and maintenance . . . . . . . . . . . . 14 14 0 15 Printing, publications, postage, and shipping . . . . . . . . . . . 15 0 16 Other expenses (describe in Schedule O) See Schedule O, Statement 2. . . . 16 2,635 17 17 127,496 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . 18 18 8,027 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 3,988

Other changes in net assets or fund balances (explain in Schedule O) . . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

20

21

20

21

0

12.015

Form **990-EZ** (2010)

Form 990-EZ (2010) Page **2** 

Pai	<b>Balance Sheets.</b> (see the instructions Check if the organization used Schedule		stion in this Par	<del>†</del>		
	Official in the organization asca concadic	O to respond to any que		Beginning of year		(B) End of year
22	Cash, savings, and investments			3,988	<u> </u>	12,015
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			3,988	25	12,015
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column		·	3,988	27	12,015
Par	Statement of Program Service Accom Check if the organization used Schedule				(Dogu	Expenses uired for section
\//hat		<u> </u>		t III ∐		e)(3) and 501(c)(4)
	ibe what was achieved in carrying out the organization	See Schedule O, Statement s exempt purposes. In a clear		nner, describe		nizations and section
	ervices provided, the number of persons benefited, and					(a)(1) trusts; optional hers.)
28	Geological & Earth Sciences Research Programs: Co	onducted scientific research	under grants EA	R-0743933.		,
	EAR-0838182 and EAR-0948734 sponsored by the N					
	(Continued on Schedule O, Statement 4)					
	(Grants \$ 135,523) If this amount	includes foreign grants, ch	eck here	▶ 🗌	28a	0
29						
00	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ 📙	29a	
30						
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ □	30a	
31	Other program services (describe in Schedule O)				-	
	(Grants \$ 0) If this amount	includes foreign grants, ch	eck here	▶ □	31a	0
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	0
Par					instruc	tions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques	stion in this Par	t IV		<u> </u>
Par		O to respond to any ques  (b) Title and average hours per week	c) Compensation (c) Compensation (If not paid,	t IV	ns to plans &	(e) Expense account and
	Check if the organization used Schedule  (a) Name and address	O to respond to any ques  (b) Title and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0)	t IV	ns to plans & nsation	(e) Expense account and other allowances
Mark	Check if the organization used Schedule  (a) Name and address  S Ghiorso	O to respond to any ques  (b) Title and average hours per week	c) Compensation (c) Compensation (If not paid,	t IV	ns to plans &	(e) Expense account and
Mark 7336	Check if the organization used Schedule  (a) Name and address  S Ghiorso  24th Ave NE, Seattle, WA 98115-5810	O to respond to any ques  (b) Title and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0)	t IV	ns to plans & nsation	(e) Expense account and other allowances
Mark 7336 Lisa	Check if the organization used Schedule  (a) Name and address  S Ghiorso  24th Ave NE, Seattle, WA 98115-5810  S Hardy	O to respond to any ques  (b) Title and average hours per week devoted to position  Vice President, 40	(c) Compensation (lf not paid, enter -0)	t IV  (d) Contribution employee benefit deferred competed.	ns to plans & nsation	(e) Expense account and other allowances
Mark 7336 Lisa 2843	Check if the organization used Schedule  (a) Name and address  S Ghiorso  24th Ave NE, Seattle, WA 98115-5810	O to respond to any ques  (b) Title and average hours per week devoted to position  Vice President, 40	(c) Compensation (lf not paid, enter -0)	t IV  (d) Contribution employee benefit deferred competed.	ns to plans & nsation	(e) Expense account and other allowances
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Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		•
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		•
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		\(\frac{1}{2}\)
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	Joa		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
-	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed. ► WA	•		•
42a	· · · · · · · · · · · · · · · · · · ·	206-55	0-1850	0
	Located at ► 7336 24th Ave NE, Seattle, WA 98115-5810 ZIP + 4 ►	98115	5-5810	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	Nο
	account)?	42b	1.00	~
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	4 41		
_	completed instead of Form 990-EZ	44b		\(\frac{1}{2}\)
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
	explanation in Schedule O	44d		

Form 99	0-EZ (2	2010)						F	Page 4
								Yes	No
45		y related organization a controlled entit					45		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the								
		neaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of form 990-EZ (see instructions)							
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition								
46		andidates for public office? If "Yes," co					46		_
Part '		Section 501(c)(3) organizations a						tion	
		501(c)(3) organizations and section and 52, and complete the tables for	n 4947(a)(1) nonexempt charit or lines 50 and 51.	table	trusts must	answer question	ons 4	7–491	b
		Check if the organization used Sche	dule O to respond to any ques	stion i	n this Part V	<u> 1</u>			,
	<b>5</b>		0.15/0/					Yes	
47 40		he organization engage in lobbying act				 -	47		<b>'</b>
48 49a		e organization a school as described in s he organization make any transfers to a		•			48 49a		<i>V</i>
b		es," was the related organization a sect					49b		
50		plete this table for the organization's fir	3	yees (	other than o	fficers, directors,		es an	d ke
		loyees) who each received more than \$		the or	ganization. If				
	(a) Na	ame and address of each employee paid more	(b) Title and average hours per week	(c) C	Compensation	(d) Contributions to employee benefit plans 8	(e	Exper	ise and
		than \$100,000	devoted to position			deferred compensation		rallowa	
Mark S			Vice President, 40		109,861	(			C
7336 2	4th A	ve NE, Seattle, WA 98115-5810							
				-					
									-
f		number of other employees paid over			1				
51		plete this table for the organization's			ent contracto	ors who each rec	eived	more	tha:
	\$100	1,000 of compensation from the organization (a) Name and address of each independent contract.		one."	(h) Tun	e of service	(a) Co	mpensa	otion
None		(a) Name and address of each independent contr	ractor paid more than \$100,000		<b>(b)</b> Typ	e or service	(6) 00	препъ	<u> </u>
None									
									-
- A	Takal								
d		I number of other independent contract he organization complete Schedule A?	_		one and 4047	7(0)(1)			
52		exempt charitable trusts must attach a c		ııızalıc		` ' ' '	∕ Yes		No
Jnder p		· · · · · · · · · · · · · · · · · · ·	•	and stat	ements, and to t				
true, cor	rect, ar	s of perjury, I declare that I have examined this retund complete. Declaration of preparer (other than of	fficer) is based on all information of which	n prepar	rer has any knov	vledge.	ago a		,
Sign		<b>\</b>							
Here		Signature of officer				ate			
		Mark S Ghiorso, Vice President Type or print name and title							
			Preparer's signature		Date		PTIN		
Paid		Time Type property Straine	. • • • • • • • • • • • • • • • • • • •			Check if self-employed	-		
Prep		Firm's name ▶				irm's EIN ▶			
Use (	Jilly	Firm's address Phone no.							
Mav th	ne IRS	discuss this return with the preparer s	hown above? See instructions				Ves		Nο

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

**Employer identification number** 

		search								57-122		
	rt I			<b>rity Status</b> (All orga						nstructio	ns.	
he	orga	anization is not	a private founda	ation because it is: (Fo	or lines 1 t	through 1	1, check	only one	box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school desc	described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a	a cooperative ho	spital service organiza	ation desc	cribed in	section 1	70(b)(1)	(A)(iii).			
4												
		hospital's nan	ne, city, and state	e:								
5		An organization	on operated for	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernment	al unit described	ni b
			o)(1)(A)(iv). (Com		_	•			, ,			
6	П	A federal, stat	e. or local gover	nment or government	al unit de	scribed in	n section	170(b)(1	)(A)(v).			
7				receives a substantia						nit or from	the general pul	blic
				(A)(vi). (Complete Par				Ū				
8	П	A community	trust described in	n <b>section 170(b)(1)(A</b> )	<b>)(vi).</b> (Cor	nplete Pa	art II.)					
9	Ē			receives: (1) more that		-	-	om contri	ibutions	members	hin fees, and ar	220
·		•	•	d to its exempt funct								
				ent income and unrel								
				fter June 30, 1975. Se							,	
10			=	l operated exclusively					-	<b>(4)</b>		
11	F		_	nd operated exclusive		-	-				or to carry out	tha
• •				olicly supported organ								
				describes the type of								
		a ☐ Type		Type II c			ctionally	-		d [	Type III–Othe	۵r
	• 🗆			that the organization			-	-			- /!	
•				ers and other than one								
		or section 509		ara other than one	e or more	publicly	Support	sa organ	izationis c	iescribed	111 36011011 303(8	<i>,</i> )( ')
1				a written determination	on from t	the IRS t	that it ic	a Tyne	I Type I	II or Typ	e III supporting	
		_	check this box .					a Type	i, Type i			
	1	,		he organization accep			ontributio	n from a	ny of the			ш
(	,	following pers		ne organization accep	pica any	giit oi o	Sittibatio	ii iioiii a	ary or the	,		
		= :		ndirectly controls, eitl	har alona	or toget	her with	nareone	describe	d in (ii) an	d Yes I	No
				ody of the supported								<del>-</del>
				on described in (i) abo	_						11g(i)	—
			-	**							11g(ii)	—
	1			a person described in ion about the supporte							11g(iii)	—
			, <u> </u>	1		• ,				1	/ ** A	—
(I		ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify nization in		s the tion in col.	(vii) Amount of support	
		. 9		above or IRC section		document?	col. (i)	of your	(i) organi	zed in the		
				(see instructions))	Yes	No	Yes	No	Yes	S.?		
					162	NO	162	NO	162	No		—
A)												
												—
B)												
C)												
			-		-				-			
D)												
E)												

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ grants, contributions, 1 membership fees received. (Do not 76,328 95,842 90,841 101,172 135,523 499,706 include any "unusual grants.") . . . 2 revenues levied organization's benefit and either paid 0 0 0 0 0 0 to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the 0 0 0 0 0 0 organization without charge . . . . Total. Add lines 1 through 3. . . . 4 76,328 95,842 90.841 101,172 135,523 499,706 5 The portion of total contributions by each person (other than governmental unit or publicly 0 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. 499,706 Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 **(e)** 2010 Calendar year (or fiscal year beginning in) ▶ (f) Total 7 Amounts from line 4 . . . . . . 76,328 95,842 101,172 135,523 90,841 499,706 8 Gross income from interest, dividends, payments received on securities loans, 0 0 0 0 0 0 rents, royalties and income from similar sources . . . . . . . . . . . 9 Net income from unrelated business activities, whether or not the business 0 0 0 0 0 0 is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets 0 0 0 0 0 0 (Explain in Part IV.) . . . . . . . **Total support.** Add lines 7 through 10 11 499,706 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 0 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) . . . . . 14 100 % Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to quality	under the te	SIS listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	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.)						
Secti	on B. Total Support		•	•			
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	•					* / ; /
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2010 (line 8	, column (f) di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2009 Sch					16	%
	on D. Computation of Investment Inc					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2010 (I	ine 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2009					18	%
19a	331/3% support tests-2010. If the organi						
	17 is not more than 331/3%, check this box a	and <b>stop here</b>	. The organizati	on qualifies as	a publicly supp	orted organizati	ion . ▶ 🗀
b	331/3% support tests-2009. If the organization	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this b	oox and <b>stop</b> h	<b>iere.</b> The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 🗀
20	Private foundation. If the organization did	d not check a	box on line 14	19a or 19h	check this box	and see instru	ctions -

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

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
OFM Research	57-1222227

Schedule O, Statement 1

Form: 990-EZ

57-1222227

Form: 990-EZ Page: 1 Line Number:

#### **Reasonable Cause Explanations**

#### **Explanation**

Our CPA claimed to have completed and filed this form when it was originally due. We have just discovered that this filing did not take place. The present form is being filed at the request of the IRS to complete the records.

Page: 1

Schedule O, Statement 2 **OFM Research** 57-1222227

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

### Other Expenses Structured Explanation

Description	Amount
Research expenses	2,524
Bank fees and payroll expenses	111
Total:	2,635

Schedule O, Statement 3

Form: 990-EZ

57-1222227

Form: 990-EZ Page: 2

Line Number: Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

To conduct public interest scientific research and distribute research findings to the scientific community and the public.

Schedule O, Statement 4
Form: 990-EZ

57-1222227

Form: 990-EZ Page: 2

Line Number: Part III Line 28

#### First Program Service Accomplishments Description

#### Description

scientific publication and the development of freely available software tools that may be downloaded and/or utilized at the corporate web site. Detailed information on research outcomes may be downloaded from the National Science Foundation award reporting website at www.nsf.gov/awardsearch by searching on the keyword GHIORSO and selecting the search result that corresponds to the appropriate award number listed above.