Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

Ī	For ca	lenda	r year 2011, or ta	ax year beginning	7/01 , 2011	, and ending 6/	'30 , 2012	
				SEARCH FOUNDAT	ION	ľ	A Employer identification nu 22-3936343	mber
			HIGGINS RI				B Telephone number (see the	instructions)
	11011	PIMIN	LOINILO, 1	11 00103		-	847-252-4310	
-	G Check all that apply Initial return Initial Return of a former public charity						C If exemption application is	pending, check here
(G Ch	eck a	II that apply	Initial return Final return	Initial Return of a for Amended return	rmer public charity	1 Foreign organizations, che	ck here
			-	Address change	Name change		2 Foreign organizations mee	ting the 85% test, check
Ī	H (Check	type of organiza		O1(c)(3) exempt private	foundation	here and attach computation	on P
_	[nonexempt charitable			E If private foundation status	
			ket value of all assets art II, column (c), line	s at end of year J Ac	counting method XC	<u> </u>	under section 507(b)(1)(A	
	(· ► §			· ·	Other (specify) I, column (d) must be of		F If the foundation is in a 60 under section 507(b)(1)(B)	
Г	<u>Part</u>		nalysis of Re		(a) Revenue and	(b) Net investmen		(d) Disbursements
_		E	xpenses (The	total of amounts in	expenses per books	income	income	for charitable
		cc sa	niumns (b), (c), a nrily equal the an	ind (d) may not neces nounts in column (a)	-			purposes (cash basis only)
~~	,	(s	ee instructions))	<u> </u>	976,550.			
2013		1 2		grants, etc, received (att sch) undn is not req to att Sch B	970,330.	***	**** ** ***, \$*	
		3	Interest on savi	ngs and temporary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· // · // · // · // · // · // · // · /
8		4	cash investmen Dividends and intere		152.	152	152.	& - 1
		1 '	Gross rents	cat from accurracy	152.	152	102.	
SCANNED JAN		l t	Net rental income or (loss)		*		***************************************	* * / *
	R		Net gain/(loss) from s Gross sales price for	sale of assets not on line 10	1,030.			* * * * * * * * * * * * * * * * * * * *
	REVEN	7	assets on line 6a	all 100,650. me (from Part IV, line 2).	* * *	1,030		**, **
	N	l .	Net short-term			**		4
Ķ	Ų	9	Income modifica	ations	., , '& '&			
တ္တ	_	10 a	Gross sales less returns and allowances		* s	*3) ' * *	, , , , , , , , , , , , , , , , , , , ,
		b	Less Cost of goods sold		6.3 \ 1 - W	<**	* * * *	
			Gross profit/(loss) (. *
			Other income (a	attach schedule)				**/ ** //
		12	Total. Add lines	1 through 11	977,732.	1,182	. 152.	
_		13		cers, directors, trustees, etc	0.			
			Other employee sala	•				
	^		Legal fees (attach so	employee benefits			-	
	A D M		Accounting fees (atta		1,550			1,550.
	I N	I	Other prof fees (atta	ich sch)	FUEIVED			
	P S		Interest	e instrs) SEE STM [2	120	12		
	O I S T R A T	18	Taxes (attach schedule)(see Depreciation (at	tach	C 1 8 2012 12:3	12	-	~ < _v
	l ji	00	sch) and depleti	ion I	l s			
	N V G E	20	Occupancy Travel, conferen	ices, and meetings	DEN IT			
	A E N X	22	Printing and pub	olications				
	EXPERSES	23		(attach schedule) EE STATEMENT 3	49.	34		15.
	SE	24	Total operating	and administrative	1,611.	46		1,565.
	S	25		lines 13 through 23 grants paid STMT 4	937,152.	40	······	937,152.
	!	i	Total expenses	and disbursements.				****
_		27	Add lines 24 and Subtract line 26		938,763.	46	. 0.	938,717.
			Excess of reven	ue over expenses		()		
		 	and disburseme		38,969.	1,136		
		l		ne (if negative, enter -0-) (if negative, enter -0)	· · · · · · · · · · · · · · · · · · ·		152.	*

Day	4 11	Attached schedules and amounts in the description	beginning or year	Lilu	oi yeai
Par	τII	Balance Sheets Attached Schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	572.	.	
	2		378,427.	517,588.	517,588.
	3	Accounts receivable		risk in the second	79
		Less allowance for doubtful accounts	* ** ******		
	4	Pledges receivable			, , ,
	1	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)		to a Wilk at the	
	7	Other notes and loans receivable (attach sch)	a Sa atom a Nair .	Maria e demonse e	. v m.a.m w maximum dan
A		Less allowance for doubtful accounts ▶			
Š	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10	a Investments – U.S. and state government obligations (attach schedule)			
		b Investments — corporate stock (attach schedule)			
] (c Investments — corporate bonds (attach schedule)	99,620.		
	11	Investments – land, buildings, and equipment basis			2. 3.46 2.13 2.13 2.13
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans		<u> </u>	
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis	/ *		
		Less accumulated depreciation (attach schedule)			
		Other assets (describe			
	ļ	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	478,619.	517,588.	517,588.
Ļ	17	Accounts payable and accrued expenses			
Å	18	Grants payable			
B	19				
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			* *
Ţ	21	Mortgages and other notes payable (attach schedule)			
1	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			;
NF	24	Unrestricted			•
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B A L A N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ΕL	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
•	29	Retained earnings, accumulated income, endowment, or other funds	478,619.	517,588.	
O E R S	30	Total net assets or fund balances (see instructions)	478,619.	517,588.	
	31	Total liabilities and net assets/fund balances (see instructions)	478,619.	517,588.	
Part		Analysis of Changes in Net Assets or Fund Balance	S	····	
1	Total end-c	net assets or fund balances at beginning of year — Part II, colun of-year figure reported on prior year's return)	nn (a), line 30 (must ag	ree with	478,619.
2	Ente	r amount from Part I, line 27a		2	38,969.
3	Other	increases not included in line 2 (itemize)		3	
4	Add I	lines 1, 2, and 3	-	4	517,588.
5	Decrea	ises not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	ne 30 6	517,588.	

. (a) List and descri 2-story brick wareho	quired nase ition	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)			
1a 100000 CITIBANK N.A. ENHNC LKD 4.75% P					VARIOUS	2/27/12
b						
<u>c</u>						
d						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain or (e) plus (f) m	(loss) inus (g)
a 100,650		99	,620.			1,030.
b			,			
С						
d						
<u>e</u>						
	wing gain in column (h) and owned by			0	(I) Gains (Colu ain minus column (k	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any			an -0-) or Losses (fr	
a						1,030.
b					.,	
С						
d						
e						
2 Capital gain net income or (ne	et capital loss) If gain, also If (loss), ente	enter in Part I, line 7 er -0- in Part I, line 7		2		1,030.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)				<u> </u>
If gain, also enter in Part I, lir in Part I, line 8	ne 8, column (c) (see instructions) If (loss), enter -0-		3		0.
	er Section 4940(e) for Reduced	I Tax on Net Investmen	nt Incor			<u> </u>
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable ame hify under section 4940(e) Do not con in each column for each year, see the	nplete this part			Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset			(d) Distribution imn (b) divided t	
2010	192,776.	593.	962.			0.324559
2009	32,036.		322.			0.057174
2008	100.					
2007	60.					
2006	5,062.		98.			51.6530 <u>61</u>
2 Total of line 1, column (d)				2		52.034794
3 Average distribution ratio for t number of years the foundatio	he 5-year base period – divide the tot n has been in existence if less than 5	al on line 2 by 5, or by the years		3		10.406959
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5				4		515,571.
5 Multiply line 4 by line 3				5	5	,365,526.
6 Enter 1% of net investment in	come (1% of Part I, line 27b)			6		11.
7 Add lines 5 and 6				7	5	,365,537 <u>.</u>
8 Enter qualifying distributions fi	om Part XII, line 4			8		938,717.
	than line 7, check the box in Part VI, li	ne 1b, and complete that pa	rt using a	a 1%	tax rate See th	
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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instruct	ions)		.
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)				
Ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			23.
	check here ► and enter 1% of Part I, line 27b			7.	× AS W
c	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		, ";	*	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	*	/ Sec.		
2	foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2	3			23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			23.
6	Credits/Payments				·
а	2011 estimated tax pmts and 2010 overpayment credited to 2011 6a 23.			*	
b	Exempt foreign organizations — tax withheld at source 6b		741		
c	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d				, <u> </u>
7	Total credits and payments Add lines 6a through 6d	7			23.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be Credited to 2012 estimated tax	11			
Par	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 ь		x
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials put or distributed by the foundation in connection with the activities	olished		3	Ŷ
С	Did the foundation file Form 1120-POL for this year?		1 c	-	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		,		1 n
	(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		<u>).</u>		. ^
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of	n	,		
2	foundation managers \$ 0.		2		X -
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes.' attach a detailed description of the activities		-		^
	•				-
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
Δa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T				
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
-	By language in the governing instrument, or				· · · · ·
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that co 	oflict			4
	with the state law remain in the governing instrument?	innet	6	X	Х
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV Enter the states to which the foundation reports or with which it is registered (see instructions)		' 	Λ	
оd	IL				~
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G² If 'No,' attach explanation</i>		8b	х Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete	4942(j)(5 Part XI	5)		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na				<u> </u>
	and addresses.		10	J	<u> X</u>

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charitable purposes?

the tax year beginning in 2011?

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4a

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

Part VII-B Statements Regarding Activit	ies for Which Forn	n 4720 May Be Red	uired (continued)	<u>) </u>
5a During the year did the foundation pay or inci	_		r-1 f	
(1) Carry on propaganda, or otherwise attern	pt to influence legislation	on (section 4945(e))?	Yes	X No
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	ation drive?			X No
(3) Provide a grant to an individual for travel	-		Yes _	X No
(4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section	han a charitable, etc, on 4940(d)(2)? (see instr	organization described ructions)	Yes	X No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientifion of cruelty to children	c, literary, or or animals?	Yes	X No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or ii (see instructions)?	the transactions fail to a current notice regar	qualify under the exception disaster assistance	otions e	5b N/A
Organizations relying on a current notice rega	ardıng disaster assistan	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	No			
6a Did the foundation, during the year, receive a			ς.	
on a personal benefit contract? b Did the foundation, during the year, pay prem			Yes [.	X No 6b X
If 'Yes' to 6b, file Form 8870	,	,		_
7a At any time during the tax year, was the foun				X No
b If 'Yes,' did the foundation receive any proceed	ds or have any net inc	ome attributable to the	transaction?	N/A 7b
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	, Foundation Mana	gers, Highly Paid	Employees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allowances
SEE STATEMENT 5			SST PST SAME	
		0.	0	0.
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see ir	estructions) If none	enter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000		}		<u> </u>
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NATURAL HEALTH RESEARCH FOUNDATION

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Total number of others receiving over \$50,000 for professional services.	0
Part IX,A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
4	
Doub IV D. Common of Decrees Related Investments (conjustivistions)	
Part IX-B Summary of Program-Related Investments (see instructions)	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1	Amount
<u>N/A</u>	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 Form	0. 9 90-PF (2011)

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Part X Minimum Investment Return (All domestic foundations must complete this pa	art. Foreign fo	undations,
see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities	1 a	62,227.
b Average of monthly cash balances	1 b	461,195.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	523,422.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	523,422.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3		
(for greater amount, see instructions)	4	7,851.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	<u>515,571.</u>
6 Minimum investment return. Enter 5% of line 5	6	25,779.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private	operating for	ındatıons
and certain foreign organizations check here ▶ and do not complete this pa	art.)	
1 Minimum investment return from Part X, line 6	1	25,779.
2a Tax on investment income for 2011 from Part VI, line 5	23.	
b Income tax for 2011 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	23.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	25,756.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	25,756.
6 Deduction from distributable amount (see instructions)	6	<u> </u>
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	25,756.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	938,717.
b Program-related investments – total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 4	938,717.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	938,717.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years	whether the found	ation

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7		* :		25,756.
2 Undistributed income, if any, as of the end of 2011	-4, 4	,	*	20,700
a Enter amount for 2010 only	,	*	0.	, ° , ' , ' , ' , ' , ' , ' , ' , ' , '
b Total for prior years 20, 20, 20	*	0.	; ; ;	
3 Excess distributions carryover, if any, to 2011 a From 2006	\$ \$\$. _{\(\bar{\pi}\)}	s des		
b From 2007			•	\$.*68
c From 2008 100.	<i>h</i> *	٠	, , , , , , , , , , , , , , , , , , ,	er mints . Tree .
d From 2009 4, 021.	,	*~		11 grant 2 m 5
e From 2010 163,090.	1.67 011		`	
f Total of lines 3a through e	167,211.		**	
4 Qualifying distributions for 2011 from Part XII, line 4 ► \$ 938,717.	<i>~</i>	^	is 2	
a Applied to 2010, but not more than line 2a	*	*/	0.	
b Applied to undistributed income of prior years	*** ** * ** .		*	War William A
(Election required – see instructions)		0.		· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus		,	. *	
(Election required – see instructions) d Applied to 2011 distributable amount	0.		<u> </u>	25,756.
e Remaining amount distributed out of corpus	912,961.		3	23,730.
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	*		1~~ 、	,
	*	İ	8	`^\
6 Enter the net total of each column as indicated below:	y %. «.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,080,172.		,	
b Prior years' undistributed income Subtract				
line 4b from line 2b	*	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency			,	* ,
has been issued, or on which the section 4942(a) tax has been previously assessed	, e	0.		ę.
, , ,	* *			
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from				i
line 2a Taxable amount — see instructions	**		0.	
f Undistributed income for 2011 Subtract lines			٠,	
4d and 5 from line 1. This amount must be distributed in 2012.	:8		and the second	0.
7 Amounts treated as distributions out of		***,	**	*
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.		· <u>-</u>	
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions).	0.		,	* ^
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,080,172.			
10 Analysis of line 9	>	4.00		
a Excess from 2007 b Excess from 2008 100.				ļ
c Excess from 2009 4,021.		*		!
d Excess from 2010 163, 090.	*,	*	*	
e Excess from 2011 912, 961.	* \			5 000 PF (2011)

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Part XIV Private Operating Foundar	tions (see ınstru	uctions and Part	VII-A, question	9)	N/A		
1a If the foundation has received a ruling or is effective for 2011, enter the date of the	ruling				4942(j)(5)		
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or							
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years				
investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total		
b 85% of line 2a							
c Qualifying distributions from Part XII, line 4 for each year listed							
d Amounts included in line 2c not used directly for active conduct of exempt activities							
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the alternative test relied upon							
a 'Assets' alternative test — enter:							
(1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).							
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c 'Support' alternative test — enter							
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income	(0 1 1 11 1			1.65.000	• .		
Part XV Supplementary Information (assets at any time during the	(Complete this e vear — see ins	part only if the o	organization na	a \$5,000 or more	e in		
Information Regarding Foundation Managa List any managers of the foundation who had close of any tax year (but only if they have NONE b List any managers of the foundation who do a partnership or other entity) of which the NONE	e contributed more to contributed more to contributed more to contribute more of contributed more of contr	the stock of a corp	section 507(d)(2))				
2 Information Regarding Contribution, Gran Check here ► X if the foundation only m	akes contributions	to preselected char	itable organizations				
requests for funds. If the foundation makes complete items 2a, b, c, and d		,see mstructions) to	mulviduals or orga	mzations under othe	Containons,		
a The name, address, and telephone number	r of the person to w	hom applications sl	hould be addressed				
b The form in which applications should be s	ubmitted and inforn	nation and materials	s they should includ	le			
c Any submission deadlines							
d Any restrictions or limitations on awards, so	uch as by geograph	ıcal areas, charıtab	le fields, kinds of in	stitutions, or other fa	actors		

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymer	nt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year	substantial contributor	Tecipient		
Total	· · · · · · · · · · · · · · · · · · ·		► 3a	
b Approved for future payment	·			
Total	·		► 3h	

Page 12

Form 990-PF (2011) NATURAL HEALTH RESEARCH FOUNDATION

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(c) Exclu sion	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue a			code		
b					
С					
d					· ·
e					
1					
g Fees and contracts from government agencies2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities	523000	152.			432
5 Net rental income or (loss) from real estate a Debt-financed property	~ · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	- *x		· · · //2 %
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					1,030.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	à	, · · · · · · · · · · · · · · · · · · ·	3 14		* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a					
b					
с					
d					
e					1 000
12 Subtotal Add columns (b), (d), and (e)		152.			1,030. 1,182.

Part XVI-B	Relationshi	p of Activities	s to the Accom	plishment of	f Exempt Purposes
------------	-------------	-----------------	----------------	--------------	-------------------

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
 	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						Yes	No
1 C	old the organization directly	y or indirectly	engage in any of the following wother than section 501(c)(3) orga	other organization	, .,	۲ ,	李汉
	elating to political organiza		other than section 501(c)(5) orga	filzations) of in section 327,	, , , , ,	'	2
			o a noncharitable exempt organiz	zation of	â	,	No.
	1) Cash	•			1a (1)		X
•	2) Other assets				1a (2)		Х
	Other transactions				;		23,5
	Sales of assets to a no	ncharitable evi	empt organization		1 b (1)		X
•	2) Purchases of assets fro				1b (2)		Х
•	3) Rental of facilities, equi		, ,		1 b (3)		X
•	 Reimbursement arrange 		er assets		1b (4)		X
•	5) Loans or loan guarante				1b (5)		X
	-		hip or fundraising solicitations		1b (6)		X
•	•		ists, other assets, or paid employ	4005	1c		X
CS	maning of facilities, equipm	ient, manny n	ists, other assets, or paid employ	7663	10		
d If th ai	the answer to any of the ne goods, other assets, or ny transaction or sharing a	above is 'Yes,' services given arrangement, s	' complete the following schedule n by the reporting foundation If the show in column (d) the value of t	e Column (b) should always show the fair he foundation received less than fair mark he goods, other assets, or services receiv	market val et value in ed	ue of	
(a) Line			of noncharitable exempt organization	(d) Description of transfers, transactions, and		gement	 ts
N/A		1,2,	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	_	
					<u></u>		
-							
		-					
	-	1					
				<u> </u>			
2a ls	the foundation directly or	indirectly affili	nated with, or related to, one or nother than section 501(c)(3)) or in	nore tax-exempt organizations	Yes	X	Nο
	'Yes,' complete the follow		other than section 301(c)(3)) of it	3601011 327	□,03	11	110
	(a) Name of organizat		(b) Type of organization	(c) Description of rel	ationshin		
N/A	(a) Name of organizat	1011	(b) Type of organization	(c) Description of ter	attorisinp_		
14/11							
	Under penalties of periury 1 declar	re that I have exam	aned this return, including accompanying so	hedules and statements, and to the best of my knowledge	e and belief, it	is true.	
	correct and complete Declaration	of preparer (other	than taxpayer) is based on all information of	hedules and statements, and to the best of my knowledg of which preparer has any knowledge		75 (100)	
Sign		0	· - /.		May the If this return		
Here		Les de	12/6/1	2 President	preparer s (see instri	hown b	elow
	Signature of officer or trustee		Date	Title	X	Yes	No
	Print/Type preparer's nat	me	Preparer's signature	Dale Check If	PTIN		
Paid	CHRISTOPHER	PORTERA	CHRIBPOSHER POR	Self-employed	P00294	<u>45</u> 7	
Prepar		BG FINANC	CIAL SERVICES LTD	Firm's EIN ► 36-3	430638		
Use O		66 DUNDER	E ROAD, SUITE 401				
530 0	···· • —	ORTHBROOK		Phone no (847) 291-1	400	
BAA					Form 990	-PF (2011)
						•	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545 0047

2011

Name of the organization		Employer identification number
NATURAL HEALTH RESEARCH FOUND	ATION	22-3936343
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation
	527 political organization	
	—	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge Note . Only a section 501(c)(7), (8), or (10) organization	e neral Rule or a Special Rule Anization can check boxes for both the General Rule an	nd a Special Rule. See instructions
20 (10) 01 (10) 01 (10) 01 (10) 01 (10)	ATTICATION CONTROL SOLVE TO SOLVE THE CONTROL OF TH	ia a apadiar riara ada marradiana
General Rule		
X For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, \$5,000 or m	nore (in money or property) from any one
contributor (Complete Parts I and II)		
Special Rules		
	orm 990 or 990-EZ that met the 33-1/3% support test o	
509(a)(1) and 170(b)(1)(A)(vi), and received	I from any one contributor, during the year, a contributi VIII, line 1h or (ii) Form 990-EZ, line 1_Complete Part	ion of the greater of (1) \$5,000 or
	ation filing Form 990 or 990-EZ that received from any	
total contributions of more than \$1,000 for u	ise exclusively for religious, charitable, scientific, litera	
the prevention of cruelty to children or anim	•	
For a section 501(c)(7), (8), or (10) organiza	ation filing Form 990 or 990-EZ that received from any s, charitable, etc., purposes, but these contributions did	one contributor, during the year,
If this box is checked, enter here the total co	ontributions that were received during the year for an e	exclusively religious, charitable, etc.
• • •	inless the General Rule applies to this organization be	cause it received nonexclusively
religious, charitable, etc, contributions of \$5	,000 or more during the year	► \$
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not fill	e Schedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on Part IV, line	2, of its Form 990, or check the box on line H of its Foe filing requirements of Schedule B (Form 990, 990 EZ	orm 990-EZ or on Part I, line 2, of its
		dule B (Form 990, 990-EZ, or 990-PF) (2011)
BAA For Paperwork Reduction Act Notice, see 990EZ, or 990-PF.	e the instructions for Form 330, Sche	dule b (1 0/111 330, 330-62, 01 330-65) (2011)

Schedule B	(Form 990,	. 990-EZ, or	990-PF)	(2011)

1 of Part 1

Name of organization

Page 1 of Employer identification number

MATHRAI.	HFALTH	RESEARCH	FOUNDATION

22-3936343

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s	space is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MERCOLA.COM NATURAL HEALTH RESOURCE 3200 W. HIGGINS RD HOFFMAN ESTATES, IL 60169	\$976,550 <u>.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page

1 to

1 of Part II

NATURAL HEALTH RESEARCH FOUNDATION

Employer identification number

22-3936343

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		P	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
ĺ		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	

1 to

1 of Part III

Name of organization
NATURAL HEALTH RESEARCH FOUNDATION

Employer identification number 22-3936343

Part III	organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry								
	For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	total of <i>exclusively</i> religious, of (Enter this information once of I space is needed	charitable, etc, See instructions	s) > \$	N/F				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	N/A								
	Transferee's name, addres	Relationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I									
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relati	onship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		(e)							
	Transferee's name, addres	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
					_				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee						

1	^	4	4
Z	u	ı	1

FEDERAL STATEMENTS

PAGE 1

NATURAL HEALTH RESEARCH FOUNDATION

22-3936343

STATEMENT 1 FORM 990-PF, PART I, LINE 16B **ACCOUNTING FEES**

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	TOTAL	\$ 1,550. \$ 1,550.	\$ 0.	\$ 0.	\$ 1,550. \$ 1,550.

STATEMENT 2 FORM 990-PF, PART I, LINE 18 **TAXES**

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX ON NET INVESTMENT INCOME	TOTAL	\$ 12. \$ 12.	\$ 12. \$ 12.	\$ 0.	\$ 0.

STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A) ENSES BOOKS	IN	(B) NET VESTMENT INCOME	(C) ADJUSTED NET INCOME		(D) CHARITABLE PURPOSES
BANK CHARGES FILING FEES	TOTAL	\$ 34. 15. 49.	\$	34.	\$ 0.	\$ \$	15. 15.

STATEMENT 4 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

DONATION

INSTITUTE FOR RESPONSIBLE TECHNOLOGY

P.O. BOX 469

FAIRFIELD, IA 52556

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE:

CHARITABLE

\$ 10,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

AMOUNT GIVEN:

DONATION

NONE

NATIONAL VACCINE INFORMATION CENTER

407 CHURCH ST, STE H

VIENNA, VA 22180

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CHARITABLE

300,000.

2011 •

FEDERAL STATEMENTS

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NATURAL HEALTH RESEARCH FOUNDATION

22-3936343

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

AMOUNT GIVEN:

ORGANIZATIONAL STATUS OF DONEE:

DONATION

CONSUMERS FOR DENTAL CHOICE 316 F STREET, N.E., SUITE 210

WASHINGTON, DC 20002

NONE

CHARITABLE

103,152.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: CHARITABLE

AMOUNT GIVEN:

DONATION

AMERICAN ENVIRONMENTAL HEALTH STUDIES PR

82 JUDSON ST CANTON, NY 13617

NONE

10,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

RELATIONSHIP OF DONEE:

RELATIONSHIP OF DONEE:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

DONATION

ORGANIC CONSUMER ASSOCIATION 6771 S. SILVER HILL DRIVE

FINLAND , MN 55603

NONE

CHARITABLE

505,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

DONATION

BREAST CANCER CLINIC, INC

PO BAX 1567

AMAGANSETT, NY 11930

NONE

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CHARITABLE

1,500.

5,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

DONATION

GRASSROOTS HEALTH

119 N. EL CAMINO REAL SUITE 127-B

ENCINITAS, CA 92024

NONE

CHARITABLE

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME:

AMOUNT GIVEN:

DONEE'S ADDRESS:

DONATION

CITIZENS FOR HEALTH

5 THOMAS CIRCLE NW, SUITE 500

WASHINGTON , DC 20005

NONE

ORGANIZATIONAL STATUS OF DONEE: CHARITABLE

2,500.

TOTAL \$ 937,152.

2011 ·

FEDERAL STATEMENTS

PAGE 3

NATURAL HEALTH RESEARCH FOUNDATION

22-3936343

STATEMENT 5 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		CONTRI- BUTION TO EBP & DC	
DR. JOSEPH M. MERCOLA 3200 W. HIGGINS RD. HOFFMAN ESTATES, IL 60169	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
STEVEN RYE 3200 W. HIGGINS RD. HOFFMAN ESTATES, IL 60169	CEO 0	0.	0.	0.
JAMES LARSEN 3200 W. HIGGINS RD. HOFFMAN ESTATES, IL 60169	VICE PRESIDENT 0	0.	0.	0.
JANET SELVIG 3200 W. HIGGINS RD. HOFFMAN ESTATES, IL 60169	SECRETARY 0	0.	0.	0.
AMALIA LEGASPI 3200 W. HIGGINS RD. HOFFMAN ESTATES, IL 60169	TREASURER 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	<u>\$ 0.</u>

Form **8868**

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filling of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print X 22-3936343 NATURAL HEALTH RESEARCH FOUNDATION File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) filing your return See 3200 W. HIGGINS RD instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions HOFFMAN ESTATES, IL 60169 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Application Return ls For Code Code 07 01 Form 990-T (corporation) Form 990 08 02 Form 1041-A Form 990-BL 09 Form 4720 Form 990-EZ 01 04 Form 5227 10 Form 990-PF 05 Form 6069 11 Form 990-T (section 401(a) or 408(a) trust) Form 8870 12 Form 990-T (trust other than above) 06 ● The books are in the care of ▶ AMY LEGASPI Telephone No ► 847-252-4310 _____ FAX No ► If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, and attach a list with the names and EINs of all members If it is for part of the group, check this box check this box the extension is for

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return

Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c.\$

0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above

X tax year beginning 7/01 , 20 11 , and ending 6/30 , 20 12

The extension is for the organization's return for

calendar year 20 or