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SCANNED

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number C Name of organization Check if applicable 51-0306704 CLAYTON MEDICAL RESEARCH FOUNDATION, Address change or print or type. See Number and street (or P O box if mail is not delivered to street addr) Room/suite Telephone number Name change specific Instruc-402 North Division St. (775) 687-0245 Initial return State ZIP code + 4 City, town or country Termination Carson City Amended return ΝV 89703 **G** Gross receipts \$ 51,455,577 F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes H(b) Are all affiliates included? William Clayton, Jr. Yes See C above If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number X Corporation L Year of Formation 1989 Form of organization Trust Other ► M State of legal domicile DE Association Part I Summary Briefly describe the organization's mission or most significant activities Clayton Medical Research Foundation, Inc. was established as a Governance charitable non-profit corporation to support medical and scientific research. Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1b) See Schedule 0 4 Total number of employees (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, Icolumn (C), ine 12 7 a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 98,571. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) -641,555. -14,909,427. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) -641,555. -14,810,856. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,935,000 1,854,091. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 153,281. 183,140. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 448,818. 383,811. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2,537,099. 2,421,042. Revenue less expenses Subtract line 18 from the 12 -3,178,654. -17,231,898. **End of Year** Beginning of Year SS Total assets (Part X, line 16) 43,569,274 44,133,590. AUG 1'7 2010 21 Total liabilities (Part X, line 26) 1,853,867. 1,953,481. 22 Net assets or fund balances. Subtract line 21 from I 42,279,723. 41,615,793. Part II Signature Block Under penalties of perjuty, I declare that I ha Sign Here William Clayton President Type or print name and title Date Preparer's identifying number (see instructions) Check if Paid employed Preparer's signature Preparer's Firm's name (or Ùse yours if self-employed), address, and ZIP + 4 FIN Only

07/20/09

Phone no

No

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

orm	990 (2009) CLAYTON MEDICAL RESEARCH FOUNDATION, INC. 51	030670	4		age Z
Par	t III Statement of Program Service Accomplishments				
3	Briefly describe the organization's mission				
	See Schedule O				
2	Did the organization undertake any significant program services during the year which were not listed on the prior				
_			Yes	\mathbf{x}	No
	Form 990 or 990-EZ?	ليا	162	<u>►</u>	140
	If 'Yes,' describe these new services on Schedule O			<u></u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	لا	Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exper	ses Secti	on 501	(c)(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation expenses, and revenue, if any, for each program service reported.	ns to otne	rs, tne	totai	
	expenses, and revende, if any, for each program service reported.				
4 a	(Code) (Expenses \$435,000. Including grants of \$435,000.) (Revenue	\$)
	The Characterization of Neuropeptides and Their Receptors grant				
	to The Salk Institute for Biological Studies focuses				
	on investigation of the CRF and related neuropeptides				
	signaling network which could lead to the new means of				
	tracting street related and other serious human disorders				
	treating stress related and other serious human disorders.				
	Of major importance is identification of the expression of CRF				
	receptors and the urocortins in pancreatic tissue. These studies				-
	are setting the stage for novel targets in the understanding				
	and treatment of both type 1 and type 2 diabetes. Part of this				
	technology has been patented and licensed out.				
A L	(Code) (Funerage A 200 000 majuring greats of A 200 000) (Power)				,
40	(Code) (Expenses \$ 380,000. including grants of \$ 380,000.) (Revenue)				
	The Tumor Targeting Toxins grant to The University of California at San				
	Diego focuses on developing novel drugs for targeting of toxins to the				
	human luteinizing hormone receptor (hLHR) and RON receptor				
	to selectively kill ovarian carcinoma cells. In many cases they				-
	will also have the potential to reduce the growth of other				
	common types of cancer.				
					-
40	(Code) (Expenses \$334,000. including grants of \$334,000.) (Revenue	\$)
	The Characterization of Hormones and Growth Factors and Their				
	Receptors grant to The Salk Institute for Biological Studies				
	focuses on discovering TGF secreted proteins, their roles	-			
	and their coloctive hinding to coll curface recentors				
	creating pathways which when disrupted can result in developmental				
	defeats and tumor fermation. The Clauter Drogger has facilitated				
	defects and tumor formation. The Clayton Program has facilitated				
	the discovery of several TGF protein family members as well as				
	their receptors, co-receptors, signaling molecules and				
	modulators and provided opportunities for the identification				. – – -
	of therapeutic targets. Part of this technology has been patented.				
40	Other program services (Describe in Schedule O)	- 			
	(Expenses \$ 953,871. including grants of \$ 705,091.) (Revenue \$	_)_	
4 e	Total program service expenses ► 2,102,871.				

INC. Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 5 N/ Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Y is Y is Y in Y in Y in Y is Y in Y i 10 X Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 Х Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses (F) the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14: X **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If Yes, complete Schedule F, Part I 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

20

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

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Form 990 (2009) CLAYTON MEDICAL RESEARCH FOUNDATION, INC.

Part IV | Checklist of Required Schedules (continued) 51-0306704 Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N,	'Α
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	N,	
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	N,	'A
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X_
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	x	
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

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Form 990 (2009)

Form 990`(2009) CLAYTON MEDICAL RESEARCH FOUNDATION, INC. 51-0306704 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 1a 8 Information Returns Enter -0- if not applicable 1 b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a this return? N b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3ь Ά 4a 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 account)? Х 4 a N/A **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 50 N/A 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not N/A deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? N Α c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d N/A e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X N/A g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 N/A 9 Sponsoring organizations maintaining donor advised funds. 9a

a Did the organization make any taxable distributions under section 4966?

b Did the organization make any distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter.

a Gross income from other members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources agains

amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

		i		i ·	1
	11 a	N/A	SKX.	Ĉ≱.	۰
t	11 b	N/A		Stuk.	
o		n 1041? N/A	12a	N	/A
	12b	N/A	,		

N/A

N/A

10 a

10b

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Form 990 (2009)

N/A

N / A

9_b

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

<u>-</u> -	tion A	Governing Pody and Management					
sec	ction A.	Governing Body and Management			Yes	No	
1	a Enter the	number of voting members of the governing body	1a 6		162	140	
		number of voting members that are independent	1b 1				
	Did any o	fficer, director, trustee, or key employee have a family relationship or a business rector, trustee or key employee?	elationship with any other		X		
3	Did the o	rganization delegate control over management duties customarily performed by or	under the direct supervision				
4		s, directors or trustees, or key employees to a management company or other pers	on?	3 4		X	
4	4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5		rganization become aware during the year of a material diversion of the organization	on's assets?	5		x	
		organization have members or stockholders?		6		X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
	•	lecisions of the governing body subject to approval by members, stockholders, or c	other persons?	7a 7b		<u>x</u>	
8	Did the o	rganization contemporaneously document the meetings held or written actions und	ertaken during the year by				
;		rning body?		8a	x		
		nmittee with authority to act on behalf of the governing body?		8b	х		
	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who calon's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	9		x	
Sec		Policies (This Section B requests information about policies not	required by the Internal				
Rev	enue Code)	·				
					Yes	No	
		organization have local chapters, branches, or affiliates?		10 a		<u> </u>	
-	b If 'Yes,' o and bran	oes the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 Ь	N/	A	
11	Has the o	rganization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х		
		in Schedule O the process, if any, used by the organization to review this Form 99	0	1	🖄		
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	<u> </u>		
	b Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests s?	that could give rise	12b	х		
•	c Does the <i>Schedule</i>	organization regularly and consistently monitor and enforce compliance with the po O how this is done	olicy? If 'Yes,' describe in	12 c	x		
		organization have a written whistleblower policy?		13	х		
		organization have a written document retention and destruction policy?		14	X		
	persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?				
		nization's CEO, Executive Director, or top management official		15 a	х		
		cers of key employees of the organization		15 b	X		
16:	a Did the o	line 15a or 15b, describe the process in Schedule O (See instructions) ganization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement with a taxable				
	entity dur	ing the year?		16a		<u>X</u>	
l	in joint ve	as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguard hirespect to such arrangements?	n to evaluate its participation if the organization's exempt	16b	: N		
Sec		Disclosures		.55	TA V		
17		ates with which a copy of this Form 990 is required to be filed CALIFORNIA					
18	inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	aılabl	e for p	oublic	
		website Another's website X Upon request					
		in Schedule O whether (and if so, how) the organization makes its governing docur is available to the public				ncıal	
		name, physical address, and telephone number of the person who possesses the legel Beekman 1325 Airmotive Way, Suite 175 Reno N	-				
	7: _Yue	2022 200 Auto 1325 Attantitive way, Suite 1/3 Relio	<u>V _ 89502 (7</u>	75)_3	43-3	777	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per week	or director		_		Highest compensated employee	≨ Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Thomas J Brorby Trustee, Chairman	*	T _x	**	×		ated		10,000	165 000	22.24
William Clayton, Jr. Trustee, President		4 X		x			•	<u>10,000</u> 0		22,34
Robert M Wallace Trustee, Vice Presiden	**	х		х				10,000	390,000	59,74
Jarred W Sloan Trustee, V Pres., Treasurer C W Wellen	**	<u> </u>		x				10,000	390,000	59,81
Trustee, Vice President Dudley R Dobie, Jr	**	x		х				50,000	415,000	59,54
Trustee Andrew MacKenzie	*	X						10,000	165,000	1,01
Vice President, Secretary John Russell Beekman	***			X				0	_	
Vice Pres , Asst Treasurer Joan S Dunlap Assistant Secretary	**			X				0	83,520 125,000	38,07 46,05
* Works an average of 15 hours per week for Clayton Foundation for Research and its related	·						-			
group of supporting entities ** Works an average of 40 hours per week for										
Clayton Foundation for Research and its related group of supporting entities *** Works an average of 2 hours per week for the										
Foundation and other Nevada based supporting entities of Clayton Foundation for Research.										
**** Works an average of 40 hours per week for the										

5	Did any person listed on line 1a receive or accrue compensation from any unrelated or rendered to the organization? If 'Yes,' complete Schedule J for such person	ganization for services	
Sect	tion B. Independent Contractors		5 X
1	Complete this table for your five highest compensated independent contractors that recompensation from the organization	ceived more than \$100,000 o	f
	(A) Name and business address	(B) Description of Services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ▶ 0	e) who received more than	
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Pai	t viii Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	1a Federated campaigns 1a					
F ST						
Æ Ś	b Membership dues . 1b					
S, G	c Fundraising events 1c					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	d Related organizations 1 d					
	e Government grants (contributions) 1 e					-
8 2						
5割	f All other contributions, gifts, grants, and similar amounts not included above 1 f 98	E71				
문티		,571.				
돌일	g Noncash contribns included in lns 1a-1f \$					
3	h Total. Add lines 1a-1f	>	98,571.			
Ä	Business	Code				
Ě	2a	1				
2	b		• •			
5	c					
≥	d					
IS I	<u>"</u>		**			
ž	e					
ő	f All other program service revenue					<u> </u>
-R	g Total. Add lines 2a-2f	•				
	3 Investment income (including dividends, interest a	and				
	other similar amounts)	•	1,428,810.			1,428,810.
	4 Income from investment of tax-exempt bond proc	eeds ►				
	5 Royalties	▶				
	(ı) Real (ıı) Per	rsonal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	•				
	7a Gross amount from sales of (i) Securities (ii) O	ther			*	
	assets other than inventory 49,928,196.	1				
	h lass sort or other have					
	b Less. cost or other basis and sales expenses 66,266,433.	1				
	c Gain or (loss) -16,338,237.					
	, ,	▶	16 220 227			16 220 027
	d Net gain or (loss)		-16,338,237.			-16,338,237.
¥	8a Gross income from fundraising events					
	(not including \$					
OTHER REVEN	of contributions reported on line 1c)					
2	See Part IV, line 18 a					
뿓	b Less direct expenses b					
0	c Net income or (loss) from fundraising events	▶				
						1
	9a Gross income from gaming activities See Part IV, line 19	1				
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	•				<u> </u>
	10a Gross sales of inventory, less returns and allowances a					
	and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue Business	Code				
Ì	11a					
	b					
		+				
	d All other revenue	+				
i	d All other revenue					
İ	e Total. Add lines 11a-11d	▶ _				
	12 Total revenue. See instructions	▶ .	-14,810,856.			-14.909.427.

Part IX . Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,854,091.	1,854,091.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	95,075.	47,538.	47,537.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	85,005.	42,502.	42,503.	
7	Other salaries and wages			·	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,060.	1,530.	1,530.	
11	Fees for services (non-employees)				
á	Management				
ŀ	Legal [15,712.	7,856.	7,856.	
(Accounting	12,300.		12,300.	
(i Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees	121,673.		121,673.	
ç) Other	122,615.	100,000.	22,615.	
12	Advertising and promotion				
13	Office expenses	806.		806.	
14	Information technology				
15	Royalties				
16	Occupancy	12,000.		12,000.	
17	Travel	5,731.	2,866.	2,865.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	91,095.	45,548.	45,547.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Business meals	1,879.	940.	939.	-
t	•				
c					
c					
e	·				
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	2,421,042.	2,102,871.	318,171.	
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

l d	<u>n x</u>	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		10,000.	1	9,400.
	2	Savings and temporary cash investments		752,724.	2	832,827.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	ĺ	227,085.	4	177,979.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	, trustees, key employees, l of Schedule L		5	
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))		_	
		and persons described in section 4958(c)(3)(B) Comp	lete Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net			7	
Ē	8	Inventories for sale or use			8	
Ś	9	Prepaid expenses and deferred charges		108,346.	9	83,944.
	10 a	Land, buildings, and equipment cost or other basis	10a			
		Complete Part VI of Schedule D				
	b	Less. accumulated depreciation	10b		10 c	
	11	Investments - publicly-traded securities		42,454,104.	11	43,016,308.
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	17,015.	15	13,132.	
\Box	16	Total assets Add lines 1 through 15 (must equal line 3	34)_	43,569,274.	16	44,133,590.
	17	Accounts payable and accrued expenses		18,481.	17	18,867.
	18	Grants payable		1,935,000.	18	1,835,000.
	19	Deferred revenue		19		
뉘	20	Tax-exempt bond liabilities		20		
AB	21	Escrow or custodial account liability Complete Part IV		21		
L	22	Payables to current and former officers, directors, trusi highest compensated employees, and disqualified pers	ees, key employees, ons. Complete Part II			.* 4
-1-1		of Schedule L			22	
S	23	Secured mortgages and notes payable to unrelated this	rd parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,953,481.	26	1,853,867.
Ĕ		Organizations that follow SFAS 117, check here ►	X and complete lines			Ý
- 1		27 through 29 and lines 33 and 34.	_		, , , , ,	`
ASS		Unrestricted net assets		28,411,178.	27	29,075,108.
Ĭ	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		13,204,615.	29	13,204,615.
R		Organizations that do not follow SFAS 117, check her	•			
E		lines 30 through 34.				
FUZD	30	Capital stock or trust principal, or current funds			30	×
- 1	31	Paid-in or capital surplus, or land, building, and equipm		31	<u></u>	
בֻ בַּ	32	Retained earnings, endowment, accumulated income, of		32		
BALAZCES	33	Total net assets or fund balances		41,615,793.	33	42,279,723.
5	34	Total liabilities and net assets/fund balances	Ī	43,569,274.	34	44,133,590.

TEEA0111 01/30/10

orn	m 990 (2009) CLAYTON MEDICAL RESEARCH FOUNDATION, INC. 51-03067	′0 4	Pa	age 12		
Pai	rt XI Financial Statements and Reporting	_				
			Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х		
ı	b Were the organization's financial statements audited by an independent accountant?	2b	X			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	ıt, 2 c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
(d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	3		!		
	Separate basis X Consolidated basis Both consolidated and separate basis					
3	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit3b	N/	A		

BAA

N/A Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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. ► See separate instructions.

2009 Open to Public

Inspection

OMB No 1545-0047

Employer identification number Name of the organization 51-0306704 CLAYTON MEDICAL RESEARCH FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b(1)(A)(iv). (Complete Part II) 5 6 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 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). x An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h $|\mathbf{x}|$ Type III - Other Type III — Functionally integrated d | e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, \mathbf{x} check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? X 11 g (i) a family member of a person described in (i) above? 11 g (ii) х (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) X Provide the following information about the supported organizations h (v) Did you notify (i) Name of Supported (ii) EIN (iii) Type of organization (iv) Is the (vii) Amount of Support (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) e organization in col (i) of your support? organization in col (i) organized in the US? Organization organization in col (i) listed in your governing document? Yes No Yes No Yes No Clayton Foundation for Research 74-1541767 X X x 0. Salk Institute for Biological Studies 95-2160097 X X x 1,455,000. Univ. of Calif. San Diego 95-6006144 6 X X X 399,091.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

1,854,091.

	dule A (Form 990 or 990-EZ) 200						
Par	t II Support Schedule for	•			(b)(1)(A)(iv) an	id 170(b)(1)(A)	(vi) _{N/A}
500	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Par	11)			
					T		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			I	T	1	T
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	/ities, etc (see in:	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14 15	Public support percentage for 20 Public support percentage from			ne 11, column (f)		14 15	% %
16 a	33-1/3 support test — 2009. If the and stop here. The organization				d the line 14 is 33	3-1/3 % or more,	check this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	not check a box blicly supported o	on line 13, or 16 rganization.	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	re. Explain in Pai	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	s box and stop he is a publicly suppo	re. Explain in Pai orted organization	t IV how the
	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17			
BAA					S	criedule A (Form	990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 200				DATION, INC.	51-0306704	Page 3
Par	<u>t III </u> Support Schedule fo	r Organization	ns Described i	n Section 509	9(a)(2)		N/A
	(Complete only if you che	cked the box on li	ine 9 of Part I)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and		` ` `	, ,	1 '	, ,	<u></u>
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Gross receipts from		 		 		
2	admissions, merchandise sold						
	or services performed, or						
	facilities furnished in a 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						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1,						
	2, 3 received from disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than						
	disqualified persons that exceed the greater of 1% of						
	the amount on line 13 for the						
	year						
C	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support		· ···				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(u) 2000	(5) 2000	(6) 2007	(4) 2000	(6) 2003	(i) Total
-	Gross income from interest,						
	dividends, payments received						
	on securities loans, rents, royalties and income form						
	similar sources					İ	
ь	Unrelated business taxable				<u> </u>		
_	income (less section 511						
	taxes) from businesses						
_	acquired after June 30, 1975				 		
11	Add lines 10a and 10b Net income from unrelated business				· · · · -		
	activities not included inline 10b.				1		
	whether or not the business is				1		
	regularly carried on				1		
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in				1		
	Part IV)	7. 7. 7			<u> </u>		
	Total support. (add ins 9, 10c, 11, and 12)			L	8 X X X		
14	First five years. If the Form 990 organization, check this box and	is for the organization here	ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3	> □
Sec	tion C. Computation of Pu		Percentage		·		
				20 12 column (6)	`	16	0/
	Public support percentage for 20	•		ie 13, column (f)	7	15	
	Public support percentage from					16	
	tion D. Computation of Inv					<u> </u>	
	,	-	* *	-	umn (f))	17	<u> </u>
	Investment income percentage for					18	<u></u> %%
19a	33-1/3 support tests - 2009. If the	ne organization di	d not check the b	ox on line 14, a	nd line 15 is more	than 33-1/3%, and	line 17 is not
-	more than 33-1/3%, check this b						
b	33-1/3 support tests – 2008. If the support tests – 2008, if the support	ne organization di	d not check a box	c on line 14 or 19	Pa, and line 16 is r	nore than 33-1/3%,	and line 18
							[H
	r rivate roundadon. Il the organi.	zation did Not CNE	ck a box on line	14, 13a, or 19b,	check this box and	i see instructions	-

Schedule /	4 (Form	990 or 9	990-EZ	2009	CL.	AYTON	MED	ICAL	RES	EARCH	FOU	NDATI	ON,	INC.	51-0	306704		Page 4
Part IV	Supp Part I	lemen I, line	tal Int 17a c	format or 17b;	tion. and	Comp Part	olete t III, lin	his p ie 12.	art to Prov	provide ar	de the	e expla ier add	natio Itiona	ns red	quired b rmation	y Part . See ır	II, line 1 nstructio	0; ons.
N/A			-															
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

CLF	YTON MEDICAL RESEARCH FOUNDAT	ION, INC.	51-0306704	
Pai	tl Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar Fur Form 990, Part IV, line 6.	nds or Accounts Complete	ıf N/A
		(a) Donor advised funds	(b) Funds and other acc	ounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject		lonor advised Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or foi	nds may be r any other Yes	☐ No
Pai	t II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line	7. N/A
	Purpose(s) of conservation easements held by			•
	Preservation of land for public use (e.g., r		of an historically important land a	area
	Protection of natural habitat	Preservation	of certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation ease	ement on the
			Held at the End of	the Year
ä	Total number of conservation easements		2a	
1	Total acreage restricted by conservation easei	nents	2b	
(Number of conservation easements on a certif	fied historic structure included in (a)	2c	
(Number of conservation easements included in	n (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during th	ie tax
	year >			
4	Number of states where property subject to co	nservation easement is located 🟲	_	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, ha	andling of violations, Yes	No
6	Staff and volunteer hours devoted to monitoring the year ►	ng, inspecting, and enforcing conservation eas	sements	_
7	Amount of expenses incurred in monitoring, in during the year ►	ispecting, and enforcing conservation easeme	nts \$	_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of so	ection Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote conservation easements	orts conservation easements in its revenue ar to the organization's financial statements that	nd expense statement, and balan describes the organization's acco	ce sheet, and ounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.	N/A
1	a If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial stateme	lic exhibition, education, or research in further.	nent and balance sheet works of ance of public service, provide, in	art, historical n Part XIV,
ı	 If the organization elected, as permitted under treasures, or other similar assets held for publiamounts relating to these items 	r SFAS 116, to report in its revenue statement lic exhibition, education, or research in further	and balance sheet works of art, ance of public service, provide th	historical e following
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$	
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items	for financial gain, provide the fol	lowing
a	Revenues included in Form 990, Part VIII, line	:1	► \$	
ì	Assets included in Form 990, Part X		► \$	

Part III Organizations Maintai					ther Similar Ass	ets (con:	tinued)
3 Using the organization's acquisition items (check all that apply)	on accession and				t are a significant us	e or its cor	iection
a Public exhibition		—	r exc	hange programs			
b Scholarly research	-1	e [] Other					
c Preservation for future gener			. 41	. for all the second			
4 Provide a description of the organ Part XIV		·	_	_		e III	
5 During the year, did the organiza assets to be sold to raise funds r						Yes	No
Part IV Escrow and Custodia 9, or reported an amo				ızatıon answered	i 'Yes' to Form 99	90, Part 	IV, line N/A
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediary	for co	ontributions or other	assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and co	implete the following	ng tat	ole			
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
 Distributions during the year 					1 e	_	
f Ending balance					1f	_	
2a Did the organization include an a	mount on Form 99	0, Part X, line 21?			ļ	Yes	No
b If 'Yes,' explain the arrangement				= 222			
Part V Endowment Funds Co							
_	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance	13,204,615	. 13,204,63	15.				
b Contributions							
c Net Investment earnings, gains, and losses					:		
d Grants or scholarships						<u> </u>	
 Other expenditures for facilities and programs 							
f Administrative expenses						ļ	
g End of year balance	13,204,615	. 13,204,63	15.				
2 Provide the estimated percentage	e of the year end b	alance held as					
a Board designated or quasi-endov	vment ►	0.00%					
b Permanent endowment ►	100.00%						
c Term endowment ► 0	.00%						
3a Are there endowment funds not a organization by:	n the possession o	of the organization	that a	are held and adminis	tered for the	Y	es No
(i) unrelated organizations						3a(i)	Х
(ii) related organizations						3a(ii)	х
b If 'Yes' to 3a(II), are the related of	organizations listed	as required on Sc	hedul	e R?		3b	N/A
4 Describe in Part XIV the intended	d uses of the organ	nization's endowme	nt fu	nds			
Part VI Investments-Land, B	uildings, and E	quipment . See	For	m 990, Part X, I	ne 10.		N/A
Description of investment	(a) C	ost or other basis (investment)		Cost or other pasis (other)	(c) Accumulated Depreciation	(d) Boo	k Value
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e (Column	n (d) must equal F	orm 990, Part X, co	olumr	n (B), line 10(c))	P		
BAA					Sched	lule D (For	m 990) 2009

Schedule D (Form 990) 2009 CLAYTON MEDICAL RE	SEARCH FOUNDATI	ON, INC.	51-030	6704	Page :
Part-VII Investments-Other Securities See Fe	orm 990, Part X, Iır	ne 12.		N/A	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	tion ket value	
Financial derivatives					
Closely-held equity interests					
Other					-
	· · · · ·				
					
			<u> </u>		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12) ►					•
Part VIII Investments-Program Related (See	Form 990 Part X I	ine 13)	· · · · · · · ·	N/A	
(a) Description of investment type	(b) Book value	10 10)	(c) Method of valua		
(a) Description of investment type	(b) Book value		Cost or end-of-year mar	ket value	
		ļ . .			
	_				
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13) ►					£, 4
Part IX Other Assets (See Form 990, Part X,	line 15)				
(a) De	scription			(b) Book va	alue
				` '	
					-
	-				
					
		_			
					
					_
Total. (Column (b) must equal Form 990, Part X, col (B), II					
Part X Other Liabilities (See Form 990, Part	X, line 25)	-			
(a) Description of Liability	(b) Amount		^ /×		
Federal Income Taxes			1 / Y / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	* * * * * * * * * * * * * * * * * * *	:
		0.		. 3 (3) (3)	٠.
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			4 13 13		. , ()
				J. 19. 9. 1.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	-	0.		The state of the s	
2. FIN 48 Footnote In Part XIV, provide the text of the foot		1. ///	totomonto that account the	arana - Carlo	<u>ایک ″ی</u> ایمامنانف
for uncertain tax positions under FIN 48.	iote to the organization	is imancial S	tatements that reports the	organization's	паршту

Page 3

	dule D (Form 990) 2009 CLAYTON MEDICAL RESEARCH FOUNDATION,		-030	16/04 Page 4
Par		inancial Statements		<u> </u>
	Total revenue (Form 990, Part VIII,column (A), line 12)			-14,810,856.
	Total expenses (Form 990, Part IX, column (A), line 25)			2,421,042.
	Excess or (deficit) for the year Subtract line 2 from line 1			-17,231,898.
	Net unrealized gains (losses) on investments			17,982,903.
5	Donated services and use of facilities			
	Investment expenses			
	Prior period adjustments			
	Other (Describe in Part XIV)			
	Total adjustments (net) Add lines 4 through 8			17,895,828.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3			663,930.
	XII Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	<u>:turn</u>	
	Total revenue, gains, and other support per audited financial statements		1	3,050,374.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
	Net unrealized gains on investments	2a 17,982,903.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2 d		
е	Add lines 2a through 2d		2 e	17,982,903.
3	Subtract line 2e from line 1		3	-14,932,529.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investments expenses not included on Form 990, Part VIII, line 7b	4a 121,673.		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4 c	121,673.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	-14,810,856.
Par	XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu	ırn
1	Total expenses and losses per audited financial statements		1	2,386,444.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments	2 b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d 87,075.		
е	Add lines 2a through 2d		2e	87,075.
3	Subtract line 2e from line 1		3	2,299,369.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a 121,673.		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	121,673.
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	2,421,042.
	XIV Supplemental Information			,
Ine 4 Inforr Pt	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa , Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a lation. XI Line 8 & XIII Line 2d Expenses of Controlled Corporation	art III, lines 1a and 4, Part IV, and 4b Also complete this pa	lines rt to p	1b and 2b, Part V, provide any additional
Pt_	Line 4 The Board of Trustees of the Foundat	ion has interprete	d_t	he Uniform
	Prudent Management of Institutional	Funds_Act_(UPMIFA)	_as	
	requiring the preservation of the fa	air value of the or	igi	nal
- - -	donor contribution as of the contrib	oution date of the	don	or-
	restricted endowment funds. As a res	sult of this interp	ret	ation
	the Foundation classifies as permane	ently restricted ne	t_a	ssets
	the original value of the donated co	ontributions to the	pe	rmanent

Part XIV Supplemental Information (continued)	31-0300704	age .
endowment. Accordingly, only the income, inclu	ding net realized g	gains,
is to be used for the Foundation's activities,	except when	
such assets must be distributed in order to ma	intain the Foundati	on's_
tax-exempt status.		
		
		
		
		
		
		 -

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ▼ Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection .

≗ □ (h) Purpose of grant or assistance **A** Research Research Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Medical Medical **Employer identification number** X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 51-0306704 (g) Description of non-cash assistance N/A N/A 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) N/A N/A 0 。 (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 1,455,000 399,091 Part IV and Schedule I-1 (Form 990) if additional space is needed 170(b)(1)(A)(V) (c) IRC section if applicable 501(c)3 Part I General Information on Grants and Assistance CLAYTON MEDICAL RESEARCH FOUNDATION, INC 95-2160097 95-6006144 (b) EIN University of California 1 (a) Name and address of organization or government 9500 Gilman Dr., #0934 La Jolla CA 92093 10010 N. Torrey Pines La Jolla CA 92037 The Salk Institute 1 Name of the organization

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

01/01/20 TEEA3901

Schedule I (Form 990) 2009

Page 2 Parill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IVN Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 51-0306704 quarterly basis to the grantee. At the end of the year the grantee submits a report to the foundation as to how the grant was utilized. In addition, (e) Method of valuation (book, FMV, appraisal, other) đ research. Once these budgets are approved they are normally funded on the scientists frequently make reports to the Foundation at its board which is reviewed each year. If these budgets are for ongoing grants meetings, and/or the Foundation Trustees make on-site visits to the The grantees submit a budget request to the Board of Trustees the grantees also include a report on the progress of their (d) Amount of non-cash assistance CLAYTON MEDICAL RESEARCH FOUNDATION, INC. (c) Amount of cash grant (b) Number of recipients research institutions. (a) Type of grant or assistance Schedule I (Form 990) 2009 Part I, Line 2 BAA

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047 2009

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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Department of the Treasury Internal Revenue Service Name of the organization

CLAYTON MEDICAL RESEARCH FOUNDATION, INC.

Employer identification number

51-0306704

Pa	rt I Questions Regarding Compensation				
				Yes	No
1	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any relevant in	f the following to or for a person listed in Form 990, Part information regarding these items			
	X First-class or charter travel	Housing allowance or residence for personal use			
		Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
I	If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described above	ollow a written policy regarding payment or re? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or trustees, and the CEO/Executive Director, regarding the items che	r allowing expenses incurred by all officers, directors, ecked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to es CEO/Executive Director Check all that apply	stablish the compensation of the organization's			
		Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sect or a related organization	ion A, line 1a with respect to the filing organization	_		
	Receive a severance payment or change-of-control payment?		4a		х
	Participate in, or receive payment from, a supplemental nonqualit	· · · · · · · · · · · · · · · · · · ·	4b		х
(: Participate in, or receive payment from, an equity-based compens		4c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the appli	cable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete	e lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of \ensuremath{I}	ne organization pay or accrue any compensation			
á	The organization?		5a		х
ŀ	Any related organization?		5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of.	ne organization pay or accrue any compensation			
ā	The organization?	ľ	6a		х
t	Any related organization?		6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III				
7	For person listed in Form 990, Part VII, Section A, line 1a, did the described in lines 5 and 6? If 'Yes,' describe in Part III	e organization provide any non-fixed payments not	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued contract exception described in Regs section 53 4958-4(a)(3)? If	d pursuant to a contract that was subject to the initial 'Yes,' describe in Part III	8		х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presection 53 4958-6(c)?	esumption procedure described in Regulations	9	N/	—— А

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-:	N-2 and/or 1099-MISC	SC compensation				
(A) Name		(ı) Base	(ii) Bonus & incentive	(iii) Other	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior
		compensation	compensation	reportable compensation	compensation	benefits	(B)(ı)–(D)	Form 990 or Form 990-EZ
H	€	10,000			0	0		9.501
I nomas J. Brorby, I rustee, Chairman	€	165,000	0	0	0	22,342	187,342	199,278
Dobota M Wollow Trucks	ε	10,000	0	0	0	0		8,139
Nobelt M. Wallace, Thuslee, President	(ii)	390,000	0	0	0	59,745	7	422,522
Jarrad W. Slone Trustee	Θ	10,000	0	0	0	0		8,139
Jailed W Sidan, Hustee, V F , Heasurer	(ii)	390,000	0	0	О	59,812	449,812	422,603
C W Wollow Transfer	ε	000'05	0	0	0	5,075		45,063
C.vv. vvelien, mastee, vice rresident	(ii)	415,000	0	0	0	54,472	,	555,379
Cotons T. Cido O colon	Θ	10,000	0	0	0	0	10,000	8,139
Dudiey K Dobie, Jr., Trustee	(ii)	165,000	0	0	0	1,017	166,017	146,322
	Ξ	0	0	0		0	0	0
	<u>(ii)</u>		0	0	0	0	0	0
	Ξ	0	0	0		0	0	0
	(<u>ii</u>)	0	0	0	0	0	0	0
	(1)	0	0	0		0		0
	(ii)		0	0	0	0	0	0
	(E)	0	0	0	0	0		0
	Œ		0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
	(ii)		0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	≘	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	Ξ	0		0	0	0	0	0
	ε	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	(E)	0	0	0	0	0	0	0
							Sched	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 CLAYTON MEDICAL RESEARCH FOUNDATION, INC. Part III Act Supplemental Information	51-0306704	Pagé 3
ormation, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, on.	5b, 6a, 6b, 7, and 8. Also complete	te ,
Pt I Line la Foundation representatives on Foundation business may travel first class		. :
under the travel policy approved by the Board, but such persons sometimes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1
was provided to any of such persons.		
		!
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 !
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 ! ! !
	! ! ! ! ! ! ! ! ! !	
ВАА	Schedule J (Form 990) 200	990) 200

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization

51-0306704 CLAYTON MEDICAL RESEARCH FOUNDATION, INC. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. N/A (c) Corrected? (b) Description of transaction (a) Name of disqualified person 1 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under Ċ section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (f) Approved by board or committee? (b) Loan to or from the organization? (c) Original principal amount (g) Written agreement? (a) Name of interested person and purpose (d) Balance due (e) In default? Yes No To From Yes No Yes No Total Ś Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. N/A (a) Name of interested person (c) Amount and type of assistance (b) Relationship between interested person and the organization **Business Transactions Involving Interested Persons** Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested person and the (a) Name of interested person (c) Amount of transaction \$ (d) Description of transaction (e) Sharing of organization's revenues? organization No 27,095. Legal services Allison, MacKenzie, et.al. See schedule O Х Brorby, Crozier & Dobie, P.C. See schedule O 85,005. Legal services X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Department of Die Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional Information.



Name of the organization Clayton Medical Research Foundation. Inc.

Employer identification number 51-0306704

Part I, Line 4 – Independent Voting Members Part VI, Line 1b – Independent Voting Members

The recommendation regarding independent members of the governing board of a charity is described and discussed in detail in the report entitled "Principles for Good Governance and Ethical Practice, A Guide for Charities and Foundations", Reference Edition, that was published in October 2007 by the Panel on the Nonprofit Sector. This panel was convened by Independent Sector and its recommendations have been cited with approval by the Internal Revenue Service. Such report concludes that the principle with respect to independent directors does not apply to various types of organizations, including supporting organizations such as the Foundation, as to which the requirements of IRC Section 509(a)(3) require common Board members. In this regard, Footnote 27 on page 23 expressly states as follows: "This principle [a substantial majority of the Board should be independent] does not apply to private foundations; medical research institutions...; supporting organizations or subsidiaries that are required by law...to include representatives of the supported organizations or sponsoring charities on their board... [footnote listing continues with several other specific types of Section 501(c)(3) organizations]."

Part III, Line 1 - Briefly describe the organization's mission:

As a supporting organization to the Clayton Foundation for Research ("Clayton"), the organization's primary mission is to fund medical research for the purpose of discovering the cause, prevention and cure of diseases for the benefit of mankind. The secondary mission is to transfer the resulting medical research discoveries from the laboratory to the use of the general public by patenting and licensing such technology for development into drugs or other products for the use and benefit of mankind through Clayton's other supporting entities.

Part III, Line 4d: Other Program Services

In addition to the three grants described above the Foundation funded 4 other medical research grants at The Salk Institute for Biological Studies. Research plans and budgets for all research projects funded by grants are reviewed and approved on an annual basis by the Foundation's Board.

Name of the organization Employer Identification Number Clayton Medical Research Foundation 51-0306704

<u>Part VI, Section A, Line 2 – Business relationships between Officers, Directors and Trustees</u> <u>Schedule L, Part IV – Business transactions involving interested parties</u>

Mr. Andrew MacKenzie, Vice President and Secretary of the Foundation, is a partner in the law firm of Allison, MacKenzie, Pavlakis, Wright and Fagan, Ltd. Allison, MacKenzie, Pavlakis, Wright and Fagan, Ltd. is engaged to represent the Foundation in various legal and administrative matters, as well as leasing office space to the Foundation at current market rental rates.

Mr. Thomas J. Brorby, who became a trustee of the Foundation on July 1, 1998 (and was elected Chairman of the Board effective May 1, 2008), has provided legal services to the Foundation or its supported organization since 1965. Mr. Dudley R. Dobie, Jr., who became a trustee of the Foundation on March 1, 2005, has provided legal services to the Foundation since 1997. Mr. Brorby and Mr. Dobie are members of the law firm of Brorby, Crozier & Dobie, P.C. ("B,C&D"). Such firm is engaged to furnish legal services to the Foundation on an hourly basis in connection with various matters upon the request of Foundation trustees and officers other than Mr. Brorby and Mr. Dobie. The Foundation's relationship with B,C&D pre-dates the naming of either Mr. Brorby or Mr. Dobie as trustees. In their capacity as members of the Board of the Foundation, Mr. Brorby and Mr. Dobie do not participate in any decisions involving assignment of work to B,C&D and are not involved in the review and approval of the detailed monthly invoices sent by B,C&D to the Foundation. In their capacity with B,C&D, Mr. Brorby and Mr. Dobie do not participate in the preparation of the monthly statements of amounts billed to the Foundation. The other trustees (with Mr. Brorby and Mr. Dobie abstaining) have approved this arrangement with full knowledge of Mr. Brorby's and Mr. Dobie's position as a member of and a holder of a financial interest in B,C&D.

Several written opinions have been obtained from well recognized independent accounting and consulting firms as to the reasonableness of the legal fees being paid to B,C&D by the Foundation. In addition, all steps listed in the regulations under IRC Section 4958 (including approval by a compensation committee composed of disinterested persons) have been taken to obtain the rebuttable presumption that compensation paid to B,C&D is reasonable. More specifically, the Foundation periodically engages an independent consulting firm to review the legal fees paid to B,C&D. Such consulting firm examines the relevant facts and collects information and data from the Foundation and B,C&D. It also collects and analyzes compensation data from a peer group of comparable unrelated attorneys and law firms that it selects for comparability purposes. Such consulting firm then renders a written report and opinion

Name of the organization Employer Identification Number Clayton Medical Research Foundation 51-0306704

containing its conclusions and recommendations. Such report (including a thorough description of the facts and the comparability analysis and data) is provided to the Foundation's Compensation Committee. Such committee, which has the sole authority to approve the compensation arrangement with B,C&D (including hourly rates), constitutes an authorized body composed of persons that do not have a conflict of interest with respect to such compensation arrangements under the rules and requirements set forth in Reg. 53.4958-6(c)(1). The committee meets and reviews the consulting firm's report and the comparability analysis and data. At the meeting, the committee has the opportunity to ask questions and request additional information from a Foundation representative on the committee (who recuses himself from the meeting before any action is taken). After review of the relevant documents and data and after deliberations, the independent committee members make the determination with respect to the amount and reasonableness of the compensation arrangement. Such determination is binding on B,C&D. Detailed minutes of each Compensation Committee meeting are contemporaneously prepared and maintained in the Foundation's files.

Form 990, Part VI, Section A, Line 11 & 11A – Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.

Form 990 is prepared by the Foundation's accounting staff and sent to the Brorby, Crozier & Dobie law firm for review by a tax partner. The return is presented at a board meeting of the trustees prior to filing. Each trustee is given a copy of the return to be filed. In making the presentation, the Foundation's Treasurer first reviews the audited financial statements with the trustees, highlighting significant and unusual, if any, income and expense transactions during the tax year. Major balance sheet items are also highlighted. Form 990 is then presented by the Treasurer at which time he describes the reconciliation of total revenue and expense as reflected in the audited financial statements to the respective totals in Form 990. All reconciling items are explained. Finally, there is a discussion of the answers to key questions and of the required disclosures in Form 990. Once satisfied with the content of the Form 990, the trustees approve the return for filing with the Internal Revenue Service, and the return is signed and dated by the appropriate officer of the Foundation.

Name of the organization	Employer Identification Number
Clayton Medical Research Foundation	51-0306704

Form 990, Part VI, Section B, Line 12c – Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'yes,' describe in Schedule O how this is done.

Annually, the trustees and officers review the Conflicts of Interest Policy adopted by the Foundation. At a meeting of the Board each year, both the trustees and the officers sign and date a statement which affirms that such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the Foundation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one of more of its tax-exempt purposes.

It is the policy of the Foundation to assure that any conflicts of interest or potential conflicts of interest are fully disclosed to the Board before a decision is made or before the Foundation enters into a proposed transaction. Where necessary to determine whether a conflict of interest exists, after disclosure of the financial interest and all material facts, and after any discussion with the interested person, he or she leaves the Board meeting while the determination of whether a conflict of interest exists is discussed. If the Board determines that a conflict exists, the Board then determines whether the transaction or arrangement is fair and reasonable and should be permitted despite the conflict (or not) as being in the best interests of the Foundation. In instances where the Board has determined that a member has failed to disclose an actual or possible conflict of interest, it will take appropriate disciplinary and/or corrective action.

Schedule O (Form 990) 2008	pg. 6
Name of the organization	Employer Identification Number
Clayton Medical Research Foundation	51-0306704

Form 990, Part VI, Section C, Line 19 – Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

No documents available to the public.

Name of the organization Clayton Medical Research Foundation Employer Identification Number 51-0306704

Form 990, Part VI, Section B, Line 15 – Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:

- a. The organization's CEO, Executive Director, or top management official?
- b. Other officers of key employees of the organization?

 Describe the process in Schedule O

Several written opinions have been obtained from well recognized independent accounting and consulting firms as to the reasonableness of the compensation being paid to the officers and trustees of the Foundation (including amounts paid by related organizations). In addition, all steps listed in the regulations under IRC Section 4958 (including approval by a compensation committee composed of disinterested persons) have been taken to obtain the rebuttable presumption that compensation paid to the trustees and officers is reasonable. More specifically, the Foundation periodically engages an independent consulting firm to review the compensation of the officers and trustees of the Foundation and the group of related and supporting entities. Such consulting firm examines the relevant facts and collects information and data from the Foundation. It also collects and analyzes compensation data from a peer group of unrelated non-profit and for-profit organizations that it selects for comparability purposes. Such firm then renders a written report and opinion containing its conclusions and recommendations. Such report (including a thorough description of the facts and the comparability analysis and data) is provided to the Foundation's Compensation Committee. Such committee, which has the sole authority to approve officer and trustee compensation, constitutes an authorized body composed of persons that do not have a conflict of interest with respect to such compensation arrangements under the rules and requirements set forth in Reg. 53.4958-6(c)(1). The committee meets and reviews the consulting firm's report and the comparability analysis and data. At the meeting, the committee has the opportunity to ask questions and request additional information from a Foundation representative on the committee (who recuses himself from the meeting before any action is taken). After review of the relevant documents and data and after deliberations, the independent committee members make the determination with respect to the amount and reasonableness of the officer and trustee compensation arrangements. Such determination is binding on the trustees and officers of the Foundation. Detailed minutes of each Compensation Committee meeting are contemporaneously prepared and maintained in the Foundation's files.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

CLAYTON MEDICAL RESEARCH FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Attach to Form 990. • See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection, Employer identification number

51-0306704

(F)
Direct controlling
entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) N/A N/A N/A entity) N/A Line 11, type 2 N/A Line 11, type 2|N/A ine 11, Type2 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets Exempt Swiss charity (if US Line N/A N/A Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section (**D)** Total income 501(c)2 501(c)3 501(c)2 501(c)3 501(c)3(C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) ž გ Ä 支 ž 22 Wholly owned title BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. holding company Conduct Medical (B) Primary activity (B) Primary activity Title Holding Corporation Technology 402 N. Division Street, Carson City NV 89703 research research 402 N. Division Street, Carson City NV 89703 Transfer research Medical Medical Clayton Land Holding Co., Inc. 74-2073575 Research Development Foundation 88-0234325 1 | 1 | 1 One Riverway, Suite 1500, Houston TX 77056 77056 Clayton Foundation for Research 74-1541767 402 N. Division St., Carson City NV 89703 (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Clayton Foundation Company 74-6035675 One Riverway, Suite 1500, Houston TX Foundation for Research 88-0234196 Institut Clayton de la Recherche Case Postale 745, Geneva, SZ Part II

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

Page 2

51-0306704

Schedule R (Form 990) 2009 CLAYTON MEDICAL RESEARCH FOUNDATION, INC.

Partillal Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(J) · General or managing partner? ٩ Yes Code V-UBI amount in box 20 of Schedule F-(Form 1065) (H)
Disproportionate
allocations? Yes No Share of total income Share of end-of-year assets (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization

Partiv Identification of Related Organizations T	Faxable as a Cor	rporation or Tr	rust (Complete	if the organiz	ation answered 'Ye	es' to Form 990, Pa	ırt IV,
ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ed organizations	treated as a c	corporation or t	rust during the	e tax year.)		
(A)	(B)	9	e)	(E)	(F)	(5)	Œ
Name, address, and EIN of related organization	Primary Activity	Activity Legal domicile	Direct	Type of entity	Share of total income	Share of end-of-year	Percentage
		(state or foreign country)	controlling entity	(C corp, S corp, or trust)		(state or foreign controlling entity) (C corp, S corp, country)	ownership
Foundation Services, Inc.							
402 N. Division Street	Holding						
Carson City, NV 89703	Company	NV	N/A	ם	0	0.	00.00
Clayton Biotechnologies Inc							
			1 1 1				
One Disternant Cuite 1500	TO CHAOCH		roundarion				

Schedule R (Form 990) (2009)

02/02/10

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Services, Inc.

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See Continuation Sheet for Schedule R-1, Part IV

One Riverway, Suite 1520

Houston, TX 77056

Technology Transfer 51-0306704

Part V. Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34,	34, 35, or 36.)	•
Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		₩.
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1 b X
c Gift, grant, or capital contribution from other organization(s)	•	Jc X
d Loans or loan guarantees to or for other organization(s)	•	1d ×
e Loans or loan guarantees by other organization(s)		. 1e
f Sale of assets to other organization(s)		11 ×
g Purchase of assets from other organization(s)		1g X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
i Lease of facilities, equipment, or other assets from other organization(s)		
		1k x
l Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		\X
o Reimbursement paid to other organization for expenses		×
p Reimbursement paid by other organization for expenses		
q Other transfer of cash or property to other organization(s)		19 х
r Other transfer of cash or property from other organization(s)		1r ×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nd transaction thres	splou
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Clayton Land Holding Co., Inc.		87,703.
(2) Clayton Foundation for Research		66,862.
(4)		
(9)		
(9)		
BAA TEEA5003 02/05/10	Schedu	Schedule R (Form 990) (2009)

51-0306704

ESKARCH FOUNDALION, INC.

Part VIN Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) (2009) (H) General or managing partner? Š Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships Yes Code V-UBI amount (In box 20 of Schedule K-1 Form (1065) (F)
Disproportionate
allocations? å Yes (E) Share of end-of-year assets Are all partners section 501(c)(3) organizations? Yes No (C) Legal domicile (state or foreign country) TEEA5004 02/05/10 (B) Primary activity | | | 1 (A)
Name, address, and EIN of entity 1 1 1 ١ 1 ١ ١ BAA 1 1

Schedule R-1 (Form 990) 2009 CLAYTON MEDICAL RESEARCH FOUNDATION, INC.

Part IV · Continuation of Identification of Related Organizations Taxable as a Corporation or Trust	Organizations	Taxable as a (orporation or	Trust			
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	Legal domicile (state or foreign Direct controlling country)	Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	Percentage ownership
William Clayton, Jr. Trust 74-6085129 One Riverway, Suite 1500 Houston, TX 77056	Charitable Remainder Trust TX	XI	N/A	H	0.	.0	Remainder only
Julie Davis Clayton Trust 74-6085161 One Riverway, Suite 1500 One River	Charitable	ТX		F	0.0	.0	Remainder only
ВАА		TEEA5104 07	02/06/09			Schedule R-1 (Form 990) 2009	m 990) 2009

Form 8868

(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

(HTA)

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. 		
Part I Automatic 3-Month Extension of Time. Only submit original (no copies need		
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check th Part I only	is box and complete	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 time to file income tax returns.	04 to request an extension of	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month aut of the returns noted below (6 months for a corporation required to file Form 990-T). However, you ca electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 99 returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed an Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e	nnot file Form 8868 90-BL, 6069, or 8870, group nd signed page 2 (Part II) of	
Type or Name of Exempt Organization	Employer Identification number	
Number, street, and room or suite no. If a P.O. box, see instructions.	11-0306704	
return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions. CARSON CITY	NV 89703	
Check type of return to be filed (file a separate application for each return): X Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-F Form 990-PF Form 1041-A	Form 4720 Form 5227 Form 6069 Form 8870	
Telephone No. ► (775) 329-3111 FAX No. ► (775) 329-3115 If the organization does not have an office or place of business in the United States, check this box		
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension until 8/15/2010 , to file the exempt organization return for the organization is for the organization's return for: ► X calendar year 2009 or ► tax year beginning , and ending	named above. The extension	
2 If this tax year is for less than 12 months, check reason Initial return Final return	Change in accounting period	
3 a 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.	3a \$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
payments made. Include any prior year overpayment allowed as a credit.	3ь \$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.		
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-t	3c \$ 0 EO and Form 8879-EO	
for payment instructions.		
For Privacy Act and Paperwork Reduction Act Notice, see Instructions	Form 9868 (Par. 4 2000)	

