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SCANNED SEP 0 2 2010

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

Depa Inter	rtment c nal Reve	of the Treasury nue Service		► The orga	anization may have to	use a copy of this return t	o satisfy state rep	orting requir	rements	Ор	en to Public Ins	pection
	For th	e 2009 calend	lar year,				2009, and end				,	
		applicable		C Name of					D Employ	er Iden	tification Number	
	Add	dress change	Please use IRS label	Foundat	tion for Re	search			88-0	0234	196	
	Nar	me change	or print or type	Number a	and street (or PO box	if mail is not delivered to s	treet addr) Room	/suite	E Telepho	ne num	nber	
	Init	ıal return	See specific	402 N.	Division S	t.			(77	5) 6	87-0245	
	Ter	mination	Instruc- tions.	City, tow	n or country		State ZIP code +	4				
	Am	ended return		Carson	City		NV 89703	3	G Gross r	eceipts	\$ 135,327,08	5
	App	plication pending	F Name a	and address of	principal officer				us a group retur		filiates? Yes	X No
			Robert M.	Wallace		Same as C abov			all affiliates incl o,' attach a list		structions) Yes	No
<u> </u>		exempt statu		(c) (3) ◀ (insert no)	4947(a)(1)	or 527	_	.,	•		
J	Web	site: ► N/					•	H(c) Grou	up exemption nu	ımber ^I	<u> </u>	
K			X Corpor	ation Tru	ist Association	Other ►	L Year of Form	nation 19	89 Ms	State of	legal domicile NV	<u>r</u>
Pa	rt I											
						significant activities				rch	<u>is_a</u>	
<u>ce</u>		charitab.				on establishe	d to subi	ort me	edicai_			
пап	-	and scie	ucilio	resear	.cn.							
Activities & Governance	2	Check this ho	v ► □	if the organ		ued its operations of	r disposed of r	nore than	25% of its	 asset	 s	
Ğ					governing body		alaposea or r	nore than	2070 01 113	3	Ĭ5	
α 0						erning body (Part V	I, line 1b)			4	0	
vitie		Total number								5	4	
ŧ	1				nate if necessary)					6	0	
•	2	-			come from Part	VIII, Icolumn (C), ine	2 12			7a 7b		
		ivet unrelateu	busines:	s taxable III	come nom romi	990-1, line 34		1	5 : V	, , ,	 	
	8	Contributions	and arar	sta (Bart VI	II lino 1h)				Prior Year		Current Y	ear
e		Contributions Program serv						-				
Revenue					umn (A), lines 3,	4. and 7d)			776,2	20.	-25,298	.094.
æ						3c, 9c, 10c, and 11e))					,
						al Part VIII, column			776,2	20.	-25,298	,094.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)								5,688,7	50.	6,213	,750.
	14	Benefits paid	to or for	members (Part IX, column (A), line 4)						
ø	15	Salaries, othe	nsation, em	nployee benefits (713,297. 743,						
Expenses	16a I	Professional 1	fundraisir	ng fees (Pa	rt IX, column (A),	line 11e)						
ξ.	Ь.	Total fundrais	ing expe	nses (Part	IX, column (D), lı	ne 25) ►				ر ^د کاتا د	1 :	
ú	17	Other expens	es (Part	IX. column	(A), lines 11a-11	d. 11f-24f)			848,4	21.	595	633.
	18	Total expense	es Add I	nes 13-17	(must equal Part	RECEWEL	2 5).		7,250,4		•	,265.
	19	Revenue less	expense	s Subtract	line 18 from line	12	ايرات	-	-6,474,2	48.	-32,851	,359.
b 8					\$	AUG 1 7 2010	9		ginning of \		End of Y	
Net Assets or Fund Balances	20	Total assets (Part X, I	ine 16)	W.	WAR + PRIA	\ <u>\$</u> 2\		91,796,8		96,971	
Ž. B.	21	Total liabilitie	s (Part X	, line 26)		23271	20 P		1,078,7	47.	876	,318.
ş	22	Net assets or	fund bala	ances Subt	ract line 21 from	GODEN. F		9	90,718,1	21.	96,095	,129.
Pä	irt II⊗	- Signatı	re Blo	ck								
		Under penaltie	o perjuny,	I declare that	have examined this re	turn) including accompany	ing schedules and	statements, a	and to the best	of my kr	nowledge and belief,	, it is
		line, corrects		Ph		opilos) is based on all lillor	,	cparer rias ar	ily Nomedge	_ //	11 11	11
Sig			OVA	V //	1 Wale	XIII			HILL	2	1,20	10_
He	re	Signature	ef officer	•		-			Date /			
			int name an	<u>Wallace</u>				Pre	sident			
_		Type or pr	iiit iiaiiie aii			-	[D-4-		1	1 =	Prenarer's identifiant	number
Pa	id						Date		Check if self-		Preparer's identifying see instructions)	, number
Pro		Preparer's signature	•						employed P	· 山		
pa	rer's		-						-			
Ùs	е	Firm's name (o	or									
On	ıly	employed), address, and	-						Phone no			
Mar	the I	ZIP + 4	ie reture	with the er	enarer chows ch	ove? (see instruction	ne)		Phone no		Yes	No
						, see the separate in			TEEA0101	07/2		90 (2009)
	- I UI	. III THE TO THE CO	apc	vir ileul	よういつい へんに けいいしせ	, Jee uie sepalaid ii			ILLAUIUI	UIIZ	∪,∪∋ I (JIIII 3)	~~ (CUUJ)

Form	#990 (2009) Foundation for Research	023419	0)	age z
Par	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission:				
•					
2	Did the organization undertake any significant program services during the year which were not listed on the prior				
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.	_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	x	No
3			103	A	
_	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 and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	ses Sect	ion 501	(c)(3)	
	expenses, and revenue, if any, for each program service reported	115 10 01116	13, 1116	totai	
	corporate of the corpor				
4 a	(Code) (Expenses \$ 3,450,000. Including grants of \$ 3,450,000.) (Revenue)	e \$)
					. _
	See Form 990, Page 2, Part III, Line 4a (continued)				
4 b	(Code) (Expenses \$ 2,050,000. including grants of \$ 2,050,000.) (Revenue	e S)
	Foundation for Research is a supporting organization to Clayton Foundat				
	for Research (Clayton). The organization grants funds to				
	Clayton for its general support. Clayton uses such funds in carrying				
	out its primary mission (i.e., to conduct medical research in				
	conjunction with hospitals for the purpose of discovering the cause,				
	prevention and cure of diseases for the benefit of mankind).				

40	(Code) (Expenses \$360,000. including grants of \$360,000.) (Revenue				
	The Gene and Protein Therapy grant to Oregon Health & Science University	<u>د</u> _			
	focuses on inappropriate cell division and cell death within the eye.				
	Much of the work is devoted to intraocular angiogenesis, with particula				
	attention to: 1) the signals that control this process, 2) the developm				
		<u> </u>			
	animal models of human ocular disease, and 3) development of potential				
	therapies. Patent applications have been filed by RDF on several disco-	veries			
	arising out of this research. Licensing efforts by RDF have resulted in	n_a			
	license to a commercial company that is interested in rights to this				
	technology in order to bring a product to the market for the treatment				
	or macular degeneration.				
		- -			
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ 765,340. including grants of \$ 353,750.) (Revenue \$)	
10	Total program service expenses > 6.625.340				

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	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	N/	A
6	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
7	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	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	ŊŰ.		
•	• 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			7
•	 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 	; * 8,5°		
•	• 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 the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 	a 14% ड		
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No	, , , , , , , , , , , , , , , , , , , ,		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	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
15	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		х
16	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
17	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
18	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		х
	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	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>

Form 990 (2009) Foundation for Research

Part IV Checklist of Required Schedules (continued)

-				
			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_		x
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	x	
24 a	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/	A
	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/	
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	N/	A
25 a	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		<u>x</u>
t	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		х
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		х
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)	,,	135° 43° 5	*
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Х	
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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	
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	-	<u> </u>
30	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		х
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	х	
BAA		Form	990	(2009)

	234196	F	age
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable	9		*
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		؞
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gar (gambling) winnings to prize winners?	ning 1c	X	
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 2a	4		ý
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions	i)		,
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b	N/	Α
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ver, a 4a		х
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	1	х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	,	х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohib Tax Shelter Transaction?	oited 5 c	N,	A
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizati solicit any contributions that were not tax deductible?	on 6a	1	x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts v deductible?		N	/A
7 Organizations that may receive deductible contributions under section 170(c).		1 1	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s provided to the payor?	7a	·	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 <u>b</u>	N.	/ A
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required form 8282?	10 THE 7c	:	x
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d N/A	,	*	791
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		'	/A
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required	·	N N	/ A
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Drown supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	d the		1.20
holdings at any time during the year?	8	N	A
9 Sponsoring organizations maintaining donor advised funds.	,	3/2	
a Did the organization make any taxable distributions under section 4966?	9a	N	/ A
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	N	/ A
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		1 .	×
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b N/A			1
11 Section 501(c)(12) organizations. Enter:			*
a Gross income from other members or shareholders 11a N/A			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) N/A		ļ <u></u>	§* ·
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u>l</u> N	/ A
bilitiYes, enter the amount of tax-exempt interest received or accured during the year 12b N/A			

BAA

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.

	Schedule O. See Instructions.								
Sect	tion A. Governing Body and Management								
_			Yes	No					
	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 0	-		* 1					
		-		; «\$^					
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule 0									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	٦ <u>3</u>		x					
	4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
6 Does the organization have members or stockholders?									
	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a	<u> </u>	x					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	<u> </u>					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	*							
а	The governing body?	8a	х						
b	Each committee with authority to act on behalf of the governing body?	8b	x						
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x					
	tion B. Policies (This Section B requests information about policies not required by the Intern	aİ							
Reve	nue Code)								
			Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10 a	<u> </u>	X					
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?									
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		T						
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х						
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	<u> </u>					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x						
13	Does the organization have a written whistleblower policy?	13	х						
14	Does the organization have a written document retention and destruction policy?	14	Х	<u> </u>					
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?	24"	*>	(4, 15)					
а	The organization's CEO, Executive Director, or top management official	15 a	x						
b	Other officers of key employees of the organization	15 b	Х	<u> </u>					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		4**	3					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	le 16a		X					
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp	on		; , .					
	status with respect to such arrangements?	16b	N/	<u>A</u>					
	tion C. Disclosures								
	List the states with which a copy of this Form 990 is required to be filed NONE								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply	availabi	lė for	briplič					
	Own website Another's website X Upon request								
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and finar statements available to the public									
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization									
•	J. Russell Beekman 1325 Airmotive Way, Suite 175 Reno NV 89502 (775)_3	<u> </u>	3111					

compensated employees; and former such persons.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(B) (C) (D) (E)							(E)	(F)	
Name and Title	Average	<u> </u>	<u> </u>		,	that ap	• • •	Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Thomas J. Brorby Trustee, Chairman	*	Х		х				60,000	115,000	22,342	
Robert M. Wallace Trustee, President	**	x		x			<u></u>	135,000	265,000	59,745	
Jarred W. Sloan Trustee, V. Pres, Treasurer	**	x		x				110,000	290,000	59,812	
C W Wellen Trustee, Vice President	**	X		x				120,000	345,000	59,547	
Dudley R Dobie, Jr Trustee	*	x						60,000	115,000	1,017	
Andrew MacKenzie Vice President, Secretary	***			х				0	0	0	
John Russell Beekman V Pres , Asst. Treasurer	***			X			L	83,520	0	38,072	
Joan S Dunlap Assistant Secretary	**			x				0	125,000	46,059	
* 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							L				
Foundation and other Nevada based supporting entities of Clayton Foundation for Research		ļ									
**** Works an average of 40 hours per week for the											
Foundation and other Nevada based supporting entities of Clayton Foundation for Research											

. art vii Occion A. Omccio, Directors, 11as	(003, 1	•••		<u>ıpıv</u>	<i>,</i> , ,		uii	u mgnost con	iponsatea zm	<u> </u>
(A) Name and Title	(B) Average	Posi	tion (c) Call 1	that a	nolv)	(D) (E) Reportable Reportable		(F) Estimated
Name and The	hours per week			Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
						j				
								!		
1 b Total							▶			
2 Total number of individuals (including but not limited from the organization ►	d to tho	se li	sted	l abo	ove)	who	o re	ceived more than	\$100,000 in repor	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if the organization and related organizations greater the organization and related organizations greater the individual 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule 1 organization? 	ndividua portable han \$15 ompens	cor 0,00	npe 00?	nsat <i>If 'Y</i>	ion es'	and com	oth plet	er compensation e Schedule J for s	from such	Yes No 3 X 4 X 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization	ed indep	penc	lent	con	trac	tors	tha	t received more tl	nan \$100,000 of	
(A) Name and business addres	s							(B)	of Services	(C) Compensation
Callan Associates 101 California St., Suite 3500 San		cis	co	CA	9	41:	11			128,911.
						_				
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıt	ed 1	to th	ose	liste	ed a	bove) who receive	ed more than	

<u>Pa</u>	rt VIII Statement of Revenue					-
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
٠,٧	1 a Federated campaigns	1 a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues	1 b	1			
P. G	c Fundraising events	1c	1			
AR A	d Related organizations	1 d				
S.E	e Government grants (contributions)	1e				
NOT S	f All other contributions gifts grants and]			
플	f All other contributions, gifts, grants, and similar amounts not included above	1f				
FS	g Noncash contribns included in lns 1a-1f	\$				
용조	h Total. Add lines 1a-1f	<u> </u>	·			
PROGRAM SERVICE REVENUE		Business Code				
Ş	2a					
E E	b					
Š	<u> </u>					
A SE	d					
RA	e					
ROG	f All other program service revenu	ue [-
	g Total. Add lines 2a-2f					
	3 Investment income (including divother similar amounts)	vidends, interest and	2,878,912.			2,878,912.
	4 Income from investment of tax-e	exempt bond proceeds				
	5 Royalties	•				
	(ı) R	Real (II) Personal	* **		4,5 >	*
	6a Gross Rents			~. <i>D</i> x		** ~
	b Less: rental expenses			á	۰	
	c Rental income or (loss)					*
	d Net rental income or (loss)	•	•			
	7a Gross amount from sales of (i) Second		- «			*
	assets other than inventory 132,448	8,173.	-	* **		
	b Less cost or other basis		***	*****		1
	and sales expenses 160,625		_ *	* *		×
	c Gain or (loss)28,175 d Net gain or (loss)	/,U06. ►	20 177 006			00 177 006
		<u> </u>	-28,177,006.	%	*	-28,177,006.
Ë	8a Gross income from fundraising e (not including \$	events		^2"	·	
VEN.	of contributions reported on line	1c)			« »	*,
R RE	See Part IV, line 18	a	Y		,	y
OTHER REVEN	b Less direct expenses	b	- 			
Ö	c Net income or (loss) from fundra	aising events	•	TO STATE AN ARTHUR PROPERTY AND ADMINISTRATION OF ADMINISTRATION O		
	9a Gross income from gaming activ See Part IV, line 19	vities a				
	b Less direct expenses	b	1			
	c Net income or (loss) from gamin	ig activities				
	10a Gross sales of inventory, less re-	turns				
	10a Gross sales of inventory, less related and allowances	a	-			
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of		·			
	Miscellaneous Revenue	Business Code				
	11a					
	b		 		_	
	d All other revenue		 			
	e Total. Add lines 11a-11d	<u> </u>			<u> </u>	
	12 Total revenue. See instructions	•	-25,298,094.			-25,298,094.
			,,,	1		

Rart 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).

Sand I I	(A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,213,750.	6,213,750.	**	
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	632,955.	316,478.	316,477.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	90,385.	45,193.	45,192.	
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	20,542.	10,271.	10,271.	
11 Fees for services (non-employees)				
a Management				
b Legal	39,213.	19,606.	19,607.	
c Accounting	15,400.		15,400.	
d Lobbying				
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees	336,182.		336,182.	
g Other	8,335.		8,335.	
12 Advertising and promotion				
13 Office expenses	8,580.		8,580.	
14 Information technology				
15 Royalties				
16 Occupancy	20,580.		20,580.	
17 Travel	11,274.	5,637.	5,637.	
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	158.		158.	
23 Insurance	127,100.		127,100.	
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25		s	№ }	· 🐞 😘
below)	*	*	· * **	
a Business meals	1,336.	668.	668.	
b Retiree health plan accrual	27,475.	13,737.	13,738.	_
c			<u> </u>	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,553,265.	6,625,340.	927,925.	
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				
ВАА				Form 990 (200

Part X Balance Sheet (B) End of year (A) Beginning of year 8,446 1 10,387. 1 Cash — non-interest-bearing 2 <u> 185,600</u>. 2 Savings and temporary cash investments 1,301,715 3 Pledges and grants receivable, net 3 496,446 4 504,800. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 156,425 9 121,141. 10a 10a Land, buildings, and equipment cost or other basis 9,046. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b 8,927 10 c 277 119. Investments - publicly-traded securities 84,833,559 11 89,899,400. Investments - other securities See Part IV, line 11 5,000,000. 12 6,250,000. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets Add lines 1 through 15 (must equal line 34) 91,796,868. 16 96,971,447. 17 Accounts payable and accrued expenses 189,997 17 162,568. 18 Grants payable 888,750. 18 713,750. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 1,078,747 26 876,318. Organizations that follow SFAS 117, check here X and complete lines 45.0 27 through 29 and lines 33 and 34. 27 Unrestricted net assets -6,237,<u>716</u>. 27 <u>-860,7</u>08. 28 Temporarily restricted net assets 28 Permanently restricted net assets 96,955,837. 29 P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 90,718,121. 96,095,129. 34 Total liabilities and net assets/fund balances 91,796,868. 34 96,971,447. BAA Form **990** (2009)

TEEA0111 01/30/10

rart 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	*	<u> </u>	*		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b Were the organization's financial statements audited by an independent accountant?					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			\$ 3		
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	**	','	> >		
X Separate basis Consolidated basis Both consolidated and separate basis					
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?	3a		х		
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ıt3b	N	/ A		

BAA

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.

OMB No 1545 0047 2009

Open to Public Inspection

Name of the organization Employer identification number 88-0234196 Foundation for Research 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 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(bX1XAXv). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h X 11 X Type II Type III - Functionally integrated Type III- Other 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, x check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? X 11 g (i) a family member of a person described in (i) above? X 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Х Provide the following information about the supported organizations h (in) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (I) Name of Supported (ii) FIN (iv) Is the rganization in col (i) listed in your (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (vii) Amount of Support Organization your support? governing document? Yes Yes No See Part IV

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

	edule A (Form 990 or 990-EZ) 200					88-0234		Page 2
Par	t II Support Schedule for	_		•	b)(1)(A)(iv) an	d 170(b)(1)	(A)(vi)	N/A
<u> </u>	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	11)				
	tion A. Public Support			<u></u>	_			
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)				in the second	*	**	
6	Public support. Subtract line 5 from line 4		· * * *	* < > *	· ·			
Sec	tion B. Total Support	1	γ			·		
Cale begi	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	vities, etc. (see in:	structions)	·	, , , , , , , , , , , , , , , , , , ,	, ,	12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	nd, third, fourth, o	or fifth tax year as	 -		▶□
Sec	tion C. Computation of Pu		Percentage					
14	Public support percentage for 20			ne 11, column (f)			14	%
15	Public support percentage from	2008 Schedule A,	Part II, line 14				15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ex on line 13, and rganization.	the line 14 is 33	-1/3 % or mor	e, check	this box
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16a rganization.	a, and line 15 is 3	3-1/3% or mo	re, check	this box
17 <i>a</i>	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	re. Éxplain in	Part IV h	6 iow ►
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	re. Explain in	Part IV h	is 10% low the ►
18								ctions. ►
BAA				=				r 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2) N/A (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a 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 c Add lines 7a and 7b 8 Public support (Subtract line 800 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 12. 6: First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ [organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Part IV: Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Schedule A. Part I. Line 11h - Provide the information about the organizations the organization supports

(i) Name of Supported Organization	(ii)EtN	(III) Type of	(iv) is the	organization	(v) Dld vo	u natify the	(vi)	a the	(vif) Amount of
· ·	\(\daggregation,=\)	organization (described on lines	in col (i) l	sted in your document?	organizatio	on in cel (i) support?	organizati	on in col (i) ed in the	Support
	48 1	1 -9 above or IRC		COOLINGTITY	GI YOUT	support		S?	
		section (see Instructions)						l	
		1	Yes	No	Yes	No	Yes	No	
Clayton Foundation For Research	74-1541767	4	×		×	 	×		2,050,000
Research Development Foundation	88-0234325	11b		X	×		Х	 -	3,450,000
Oregon Health Sciences University -	93-1176109	6		X	Х	t	Х		360,000
Casey Eye Institute		1		1		Î			
North Carolina State University	56-6000756	6		X	Х		Х		210,000
The University of Texas M.D, Anderson	74-6001118	6		X	X		Х		143,750
Cancer Center	L		i .						,
Total									6,213,750
								<u></u>	
			. <u>-</u>						
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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

Fo	undation for Research			88-0234196	
Pa	rt I Organizations Maintaining Done	or Advised Funds or Oth	er Similar Funds or Acc	counts Complete	e If
	the organization answered 'Yes'	to Form 990, Part IV, line	e 6.	,	N/A
		(a) Donor advised	funds (b)	Funds and other ac	counts
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 defunds are the organization's property, subject	onor advisors in writing that the ct to the organization's exclusive	e assets held in donor advised e legal control?	Yes	☐ No
6	Did the organization inform all grantees, donused only for charitable purposes and not for purpose conferring impermissible private bei	r the benefit of the donor or do	ing that grant funds may be nor advisor or for any other	Yes	∏ No
Pa	rt II Conservation Easements Comp	lete if the organization ar	nswered 'Yes' to Form 9	90. Part IV. line	7. N/A
	Purpose(s) of conservation easements held				•
	Preservation of land for public use (e.g.,	· · · · · · · · · · · · · · · · · · ·	Preservation of an historic	cally important land	area
	Protection of natural habitat	,	Preservation of certified h		
	Preservation of open space				
2	Complete lines 2a through 2d if the organizal last day of the tax year	ation held a qualified conservati	on contribution in the form of	a conservation eas	ement on the
		- /		Held at the End o	of the Year
	a Total number of conservation easements		2a		
1	b Total acreage restricted by conservation eas	sements	2b		
4	c Number of conservation easements on a cer	tified historic structure included	1 in (a) 2c		
	d Number of conservation easements included	, , ,	2d		
3	Number of conservation easements modified	d, transferred, released, extingu	ished, or terminated by the o	rganization during t	he tax
	year ▶				
4	Number of states where property subject to o	conservation easement is locate	ed ►		
5	Does the organization have a written policy rand enforcement of the conservation easement	regarding the periodic monitorir ent it holds?	ng, inspection, handling of vio	lations, Yes	No
	Staff and volunteer hours devoted to monitor during the year •				
7	Amount of expenses incurred in monitoring, during the year ►	inspecting, and enforcing cons	ervation easements		
8		on line 2(d) above satisfy the re	equirements of section		
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?				∐ No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements	eports conservation easements e to the organization's financial	in its revenue and expense s statements that describes the	tatement, and bala e organization's acc	nce sheet, and ounting for
Pa	Organizations Maintaining Coll Complete if the organization and	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or Other Sir D, Part IV, line 8.	nilar Assets	N/A
1:	a If the organization elected, as permitted und treasures, or other similar assets held for pu the text of the footnote to its financial statem	iblic exhibition, education, or re	search in furtherance of publi	ance sheet works of c service, provide,	art, historical in Part XIV,
1	b if the organization elected, as permitted und treasures, or other similar assets held for pu amounts relating to these items	er SFAS 116, to report in its reablic exhibition, education, or re	venue statement and balance search in furtherance of publi	sheet works of art c service, provide t	, historical he following
	(i) Revenues included in Form 990, Part VII	II, line 1		> \$	
	(ii) Assets included in Form 990, Part X			► \$	
	If the organization received or held works of amounts required to be reported under SFAS	S 116 relating to these items	er similar assets for financial	gain, provide the fo	llowing
i	a Revenues included in Form 990, Part VIII, Iir	ne 1		► \$	
1	Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 Found Part III Organizations Maintai			rical	Troacures or	88-023		ontini	Page 2
•								
3 Using the organization's acquisition items (check all that apply)	on accession and o				nat are a significant u	se or its	collecti	on
a Public exhibition			or exc	change programs				
b Scholarly research		e U Other						
c Preservation for future gener								
4 Provide a description of the orga Part XIV			•	_		se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be ma	e donations of art iintained as part o	f the	oricai treasures, of organization's col	r other similar lection?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	Arrangements	Complete if o	rgan	ization answer	ed 'Yes' to Form 9	90, Pa	rt IV,	line /A
								
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or c	ther intermediary	for co	ontributions or oth	er assets not	Yes	[No
b If 'Yes,' explain the arrangement	in Part XIV and co	nplete the followi	ng tat	ole				
_						Amount	1	
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance		D 1 V 1 012			1f			
2a Did the organization include an a		, Part X, line 217				Yes	L	No
Part V Endowment Funds Co		zation answers	74 IV	os' to Form 90	0 Part IV June 10			
Fait V Elidowillent Funds Col	(a) Current year	(b) Prior year		(c) Two years back	1		our year	re back
1 a Beginning of year balance	96,955,837.			(c) Two years back	(a) Tillee years back	(6) 1	w	5 Dack
b Contributions	20,222,037	30,333,0.	3,.					
				*				
c Net Investment earnings, gains, and losses				* **	<u></u>	,		, !
d Grants or scholarships				*	⁷ № •y	*		1
 Other expenditures for facilities and programs 					4		•	`]
f Administrative expenses					Į.			-
g End of year balance	96,955,837	96,955,83	37.	· 1			# «	1
Provide the estimated percentage	e of the year end ba	lance held as						
a Board designated or quasi-endow		<u>0.00</u> %						
b Permanent endowment ►	 							
c Term endowment ► 0	<u>.00</u> %							
3a Are there endowment funds not a organization by	n the possession of	the organization	that a	are held and admir	nistered for the	Γ	Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations						3a(ii)		x
b If 'Yes' to 3a(II), are the related of	organizations listed	as required on Sc	hedul	le R?		3b	N	/A
4 Describe in Part XIV the intended	d uses of the organi	zation's endowme	nt fur	nds				
Part VI Investments-Land, B	uildings, and E	<mark>juipment.</mark> See	For	m 990, Part X,	line 10.			
Description of investment	(a) Co	st or other basis nvestment)	(b)	Cost or other pasis (other)	(c) Accumulated Depreciation	(d) E	Book V	alue
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment		9,046.			8,927.			119.
e Other								
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	rm 990, Part X, co	olumr	(B), line 10(c)	•			119.
BAA					Sche	dule D (F	orm 99	90) 2009

Schedule D (Form 990) 2009 Foundation for Res			88-0234196	Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, Iir	ne 12.		_
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			Cost of end-of-year market value	
Closely-held equity interests	6,250,000.	Cost	-	_
	6,250,000.	COSC		
Other		 		
				
				_
		1		
		<u> </u>		
		!		
		ļ		
Total (Column (b) must equal Form 990 Part X, col (B) line 12) ►	6,250,000.			
Part VIII Investments-Program Related (See I	Form 990, Part X, I	<u>line 13)</u>		N/A
(a) Description of investment type	(b) Book value		(c) Method of valuation	
			Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) ►				
Part IX: Other Assets (See Form 990, Part X,	line 15)			N/A
(a) De	scription		(b) Book	value
		•		
12.11				
<u> </u>				
				-
		.,		
Total. (Column (b) must equal Form 990, Part X, col.(B), In	ne 15)		>	
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount			.
Federal Income Taxes	(b) Amount	0.		
rederal income Taxes		-0.		
		_		
	-			
			* -	•
	<u> </u>			
	<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		0.		
2. FIN 48 Footnote In Part XIV, provide the text of the foot	note to the organization	n's financia	I statements that reports the organization	's liability

Page 3

Sche	edule D (Form 990) 2009 Foundation for Research	8-02341	L 96 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		-25,298,094.
2	Total expenses (Form 990, Part IX, column (A), line 25)		7,553,265.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-32,851,359.
4	Net unrealized gains (losses) on investments		38,230,124.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		38,230,124.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		5,378,765.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return	•
1	Total revenue, gains, and other support per audited financial statements	1	12,595,848.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a 38,230,124	.	
	Donated services and use of facilities 2b	7 '	
	Recoveries of prior year grants 2c	7	
	d Other (Describe in Part XIV)	-	
	e Add lines 2a through 2d	2 e	38,230,124.
	Subtract line 2e from line 1	3	-25,634,276.
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1		23/031/2/01
	Investments expenses not included on Form 990, Part VIII, line 7b 4a 336,182		
	O Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	336,182.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	-25,298,094.
	t·XIIIs Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		7,217,083.
	are a second control of the control	-	
	Prior year adjustments 2b	- ,	
	COther losses 2c		
	d Other (Describe in Part XIV)	_ <u></u>	
	e Add lines 2a through 2d	2 e	
	Subtract line 2e from line 1	3	7,217,083.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	¥ , ×	
	Investments expenses not included on Form 990, Part VIII, line 7b	- '	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	336,182.
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	7,553,265.
Par	t XIV Supplemental Information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this mation.	V, lines 1b part to prov	and 2b, Part V, vide any additional
		· 	
		-	= = = = = = =

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009 Foundation for Research Part XIV Supplemental Information (continued)	88-0234196	Page 5
, Supplemental information (continued)		
Part V, Line 4 The Board of Trustees of the Foundation has int	erpreted the	
Uniform Prudent Management of Institutional Fur	nds Act (UPMIFA)	
as requiring the preservation of the fair value	of the original	
donor contribution as of the contribution date	of the donor-	
restricted endowment funds. As a result of the	s interpretation,	
the Foundation classifies as permanently restricted	icted net assets	
the original value of the donated contribution	to the permanent	
endowment. Accordingly, only the income, inclu	nding net realized	
and unrealized gains, is to be used for the Foundation	indation's	
activities, except where such assets must be di	stributed	
in order to maintain the Foundation's tax-exemp	ot status.	
-		-
	-	
		- -
-		
		
	-	- -
		-
		-
		
		- -

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part is General Information on Grants and Assistance

Foundation for Research

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

88-0234196

2

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

Partil Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 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 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if add	itional space is r	needed		-		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Research Development Foundation 402 N. Division Street Carson City NV 89703	88-0234325	501(c)(3)	3,450,000.	0.	0. N/A	N/A	General Support
Clayton Foundation for Research One Riverway, Suite 1500 Houston TX 77056	74-1541767	501(c) (3)	2,050,000.	0.	0. N/A	N/A	General Support
Oregon Health Sciences University	93-1176109	170(b)(1)(A)(V)	360,000.	0.	0. N/A	N/A	Medical Research
North Carolina State University		170(b)(1)(A)(v)	210,000.	0.	0. N/A	N/A	Medical Research
University of Texas M D Anderson Cancer-Center 1515 Holcombe Box 44 Houston TX 77030	74-6001118	170(b)(1)(A)(v)	143,750.	.0	0. N/A	N/A	Medical Research
	·						

2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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TEEA3901 02/10/10

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 Foundation for Research

Part III 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 IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The Foundation For Research is limited to supporting activities of the Clayton (e) Method of valuation (book, FMV, appraisal, other) Foundation for Research, a medical research organization described in (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part 1 Line

Section 170(b)(A)(iii) and hospitals, medical and scientific schools and organizations which conduct or support medical or scientific research described in Section 501(c)(3) of the Internal Revenue Code and classified as other than private foundations under Sections 509(a)(1) or 509(a)(2) of the Code. The Foundation does not make any grants or loans to individuals.

___annual_budget_which_is_approved_at_the_beginning_of_the_year.__As_the_needs_arise_

See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet) BAA

Research Development Foundation and Clayton Foundation For Research submit an

Schedule I (Form 990) 2009

Schedule I (Form 990) - Part IV - Supplemental Information (continued) Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

these budgets are approved they are normally funded on a quarterly basis to the as to how the grant was utilized. In addition, the scientists frequently make reports to the Foundation at its board meetings, and/or the Foundation Trustees during the year these two entities submit requests during the year for the approved The hospitals and medical and scientific schools submit a budget request to the Board of grantee. At the end of the year the grantee submits a report to the Foundation Trustees which is reviewed each year. If these budgets are for ongoing grants the grantee also includes a report on the progress of their research. make on-site visits to the research institutions. grant amounts.

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Open to Public Inspection

88-0234196

Department of the Treasury Internal Revenue Service Name of the organization

Foundation for Research

Employer (dentification number

P a	arta Questions Regarding Compensation			
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions 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)]		
		1		
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	X Compensation committee X Written employment contract	l		
	X Independent compensation consultant X Compensation survey or study	İ		
	Form 990 of other organizations X Approval by the board or compensation committee		د الأحسا	Sec
		· ·		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization		, y	
	or a related organization			
	a Receive a severance payment or change-of-control payment?	4a		_ X
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4C	· · · · · · · · · · · · · · · · · · ·	X
	is test to any or lines 44-6, list the persons and provide the applicable amounts for each item in Fart in	*	<i>*</i>	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		, % , %	- W
•	contingent on the revenues of.		%	^ 🕸, ;
	a The organization?	5a		X
	b Any related organization?	5 b		X
	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 organization pay or accrue any compensation contingent on the net earnings of	&		
	a The organization?	6a		х
	b 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 organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		x
8				† <u></u>
,	contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		x
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	N,	A,

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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	ויי	8	(C) Betreement and			(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)–(D)	reported in prior Form 990 or
	ļ			compensation				r of m 330-E2
Thomas Brothy Tructon Chairman	€	000'09	0	0	0	0	000'09	65,501
	(ii)	115,000	0	0	0	22,342	1	143,278
Pohod M Wollon Tructor	€	135,000	0	0	0	11,250	146,250	131,518
Nobell M. Wallace, Huslett, President	Ξ	265,000	0	0	0	48,495		299,143
Introd W. Sloan Trustee V.D. Treasurer	€	110,000	0	0	0	7,500	117,500	112,351
Janied W Stodii, Hustee, V P., Heasurei	(ii)	290,000	0	0	0	52,312		318,471
**************************************	(i)	120,000	0	0	0	7,613		146,391
C W Wellen, Hustee, Vict President	(ii)	345,000	0	0	0	51,934		454,052
Dudley B Dobio Tandoo	(i)	000'09	0	0	0	0	000'09	52,872
Dudiey K. Dobie, Hustee	(ii)	115,000	0	0	0	1,017		101,589
	€	0	0	0	0	0		0
	(ii)	0	0	0	0	0	0	0
	(1)	0	0	0	0	0		0
	≘	0	0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
	€	0	0	0	0	0		0
	€	0	0	0	0	0		0
	<u>(ii</u>		0	0	0	0	0	0
	Ξ	0	0	0	0	0		0
	(ii)	0	0	0	0	0	0	0
	(1)	0	0	0	0	0	0	0
	(ii)		0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	(E)		0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	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	O	0	0
	€		0	0	0	0	0	0

Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or 990-EZ.

Transactions with Interested Persons

► 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.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

Schedule L (Form 990 or 990-EZ) 2009

Foundation for Research 88-0234196 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Ś Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Partill Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. N/A (f) Approved by board or committee? (b) Loan to or from the organization? (g) Written agreement? (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? principal amount From No Yes No То Yes No Yes Total Ś á diká c Part III **Grants or Assistance Benefitting Interested Persons.** N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization Part IV; 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 organization (a) Name of interested person (c) Amount of transaction \$ (d) Description of transaction (e) Sharing of organization's revenues? Yes No Allison, MacKenzie, et.al. See schedule O 35,618. Legal Services X Brorby, Crozier & Dobie, P.C. See schedule O 90,385. Legal Services X

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

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.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization Foundation for Research

Employer identification number 88-0234196

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 4a

Research Development Foundation ("RDF") is another supporting organization to the Clayton Foundation for Research ("Clayton"). The organization grants funds to RDF for its general support. RDF uses such funds in carrying out the secondary mission of Clayton (i.e., to advance medical and scientific research through the transfer of technology from the laboratory to public use by obtaining patents and licenses and administering patents arising out of discoveries made pursuant to research conducted or sponsored by Clayton and its supporting organizations.) RDF's current patent portfolio contains hundreds of patent applications and issued patents on discoveries that have been made in the course of the various research projects that have been conducted by Clayton or funded by the organization and another supporting entity of Clayton over the years, RDF has entered into numerous licenses of such discoveries to pharmaceutical and startup companies, and six of such discoveries have already led to products that have been brought to market by the licensee and are benefiting mankind.

Name of the organization Employer Identification Number Foundation For Research 88-0234196

Part III, Line 4d: Other Program Services

In addition to the three grants described above, the Foundation funded 2 other medical research grants, one at North Carolina State University and the other at The University of Texas M.D. Anderson Cancer Center. Research plans and budgets for all research projects funded by grants are reviewed and approved on an annual basis by the Foundation's Board.

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

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

Sche	dule O (Fo	orm 990) 2009			 	pg.	3
	6.1				 		

Name of the organization	Employer Identification Number
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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 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 B, Line 11 – 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

Name of the organization	Employer Identification Number
Foundation For Research	88-0234196

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.

<u>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.</u>

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.

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Name of the organization	Employer Identification Number
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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 O (Form 990) 2009	pg. 6
Name of the organization	Employer Identification Number
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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.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

► 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.

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public

Employer identification number

Clayton Medical Research Foundation, Inc. (F)
Direct controlling entity (F) Direct controlling Part IV, line 34 because it had N/A N/A N/A Line 11, Type 2 N/A Line 11, Type 2 N/A 88-0234196 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets Exempt Swiss Charity (if US entity) Line N/A A/N Part [s] Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) Part III Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, **(D)** Exempt Code section (D) Total income 501 (c) 3 501(c)2 501(c)3 501(c)2 501(c)3 (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) ž 5 ¥ DE Ž $\mathbf{S}^{\mathbf{Z}}$ Conduct Medical (B) Primary activity Primary activity one or more related tax-exempt organizations during the tax year.) Title Holding Title Holding Technology Research 402 N. Division Street, Carson City NV 89703 Research 402 N. Division Street, Carson City NV 89703 Transfer Research Company 402 N. Division Street, Carson City NV 89703 Company Clayton Medical Research Foundation, Inc. 51-0306704 Medical Medical Research Development Foundation 88-0234325 One Riverway, Suite 1500, Houston TX 77056 One Riverway, Suite 1500, Houston TX 77056 Clayton Foundation for Reserch 74-1541767 Clayton Land Holding Co. Inc. 74-2073575 (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Clayton Foundation Company 74-6035675 Institut Clayton de la Recherche Geneva, SZ Foundation for Research Case Postale 745,

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

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

Page 2

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Schedule R (Form 990) 2009 Foundation for Research

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.) Part III

(J) General or managing partner? Yes No Code V-UBI amount in box 20 of Schedule K-1 (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 1 1 1 1

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)		rporation or To treated as a c	ust (Complete or toporation or t	if the organiz	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, stions treated as a corporation or trust during the tax year.)	s' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile	(D) Direct	Type of entity	(B) (C) (D) (Egal domicile Direct Type of entity Share of total income Share of end-of-year	(G) Share of end-of-year	(H) Percentage
		(state or roreign country)	controlling entity	(C corp, S corp, or trust)		assets	ownersnip
Foundation Services, Inc.							
88-0374369							
402 N. Division Street	Holding						
Carson City, NV 89703	Company	NV	N/A	c	0.	0.	00.0
Clayton Biotechnologies, Inc.			Foundation				
			Services				
One Riverway, Suite 1520	Technology		Inc.				
Houston, TX 77056	Transfer	NV		c	0.	0.	00.00
See Continuation Sheet for Schedule R-1, Part IV	-						i I
ВАА		TEEA5002 02/05/10	05/10		:	Schedule R (Form 990) (2009)	(5005) (066

88-0234196

Partive Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

N-4- O		⊦
NOTE: Complete line I is any entity is listed in Parts II, III, or IV of this schedule. 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	2	Yes
a Receipt of (i) interest (ii) annumes (iii) rovalities (iv) rent from a controlled entity	<u>-</u>	12 ×
b Gift, grant, or capital contribution to other organization(s)		×
c Gift, grant, or capital centribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		7 ×
e Loans or loan guaranters by other organization(s)		1e ×
		* * * * * * * * * * * * * * * * * * *
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		1h
i Lease of facilities, equipment, or other assets to other organization(s)		1i x
		* * * * * * * * * * * * * * * * * * *
Performance of services or membership or fundraising solicitations		
l Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		E X
n Sharing of paid employ₃es		ul X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		1p X
		\$.
q Other transfer of cash cr property to other organization(s)		1q X
_		1r x
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	ps and transaction threshol	spl
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Research Development Foundation	q	3,450,000.
(2) Clayton Foundation for Research	q	2,050,000.
(3) Clayton Foundation for Research	o	122.051.
(6)		
TEEA5003 02/05/10	Schedule	Schedule R (Form 990) (2009)

88-0234196

Schedule R (Form 990) 2009 Foundation for Research

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

(H) General or managing partner? Yes No 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 Code V-UBI amount in box 20 of Schedule K-1 Form (1065) Dispropor-tionate allocations? ŝ 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) (B) Primary activity 1 1 1 1 (A) Name, address, and EIN of entity 1 1 1 1 1 1 1 1 ١ 1 ı BAA

Schedule R (Form 990) (2009)

TEEA5004 02/05/10

Schedule R-1 (Form 990) 2009 Foundation for Research

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(A) Name, address, and EiN of related organization	(B) Primary activity Lei (sta	gal domicile ate or foreign country)	Legal domicile (State or foreign Direct controlling country)	(E) Type of entity (C corp., S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
William Clayton, Jr. Trust 74-6085129 One Riverway, Suite 1500 Houston, TX 77056	Charitable Remainder Trust TX		N/A	H	.0	0	Remainder only
Julie Davis Clayton Trust		:	N/A	H	.0	.0	Remainder only
		-					
ВАА		TEEA5104 07	60/90/20			Schedule R-1 (Form 990) 2009	m 990) 2009

Form 8868

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

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box					
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	usly filed Form 8868.				
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and Part I only	I complete				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.					
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits					
	identification number				
print FOUNDATION FOR RESEARCH [88-023419] File by the due date for 402 N. DIVISION ST	<u> </u>				
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NV	89703				
Check type of return to be filed (file a separate application for each return):					
Form 990 Form 990-T (corporation)	Form 4720				
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227				
Form 990-EZ Form 990-T (trust other than above)	Form 6069				
Form 990-PF	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. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. If it is for part of the group, check this box. If this is for part of the group, check this box. If this is for part of the group, check this box. If this is for part of the group, check this box.					
1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010 , to file the exempt organization return for the organization named at is for the organization's return for: ► X calendar year 2009 or ► tax year beginning , and ending					
	nge 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.	20 6				
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	3a \$				
payments made. Include any prior year overpayment allowed as a credit.	35 \$				
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	1 - 1				
System). See Instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EQ and Fr	3c \$ 0				
for payment instructions.	wasangg				
For Privacy Act and Paperwork Reduction Act Notice, see Instructions. (HTA)	Form 8868 (Rev 4-2009)				

