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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Openito Public Inspection

Department of the Treasury Internal Revenue Service

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

	For t	he 2009 calend	dar year, d	or tax year be	ginning	,	2009 , and	d ending]			,		
		ıf applicable		C Name of or	·					D Employ	er Iden	tification Nur	nber	
		ddress change	Please use IRS label	RESEARCI	H DEVELOPMEN	T FOUNDATI	ON			88-0	234	325		
	\sqcap_{N}	lame change	or print or type.	Number and	street (or PO box if m	ail is not delivered to s	treet addr)	Room/su	ite	E Telepho	ne num	ber		
	\vdash	nitial return	Sée specific	402 N. 1	Division St.					(775	5) 6	87-024	15	
		ermination	Instruc- tions.	City, town o			State ZIP	code + 4	-		-, -			
	\vdash	mended return		Carson (7i tv		NV 8	9703		G Gross re	eceints	\$ 5,654	.780	_
	=	pplication pending	F Name a	and address of pr			111 0.		H(a) Is this	a group return			Yes	X No
	ш″		İ	•	inopar officer	Same as C Abov	••			affiliates incl		F	Yes	H No
_		x-exempt statu	Robert M.		\◀ (Incort no.)	4947(a)(1)		527	If 'No,'	attach a list	(see in	structions)	_	_
<u>+</u> -				(c) (3) ◀ (insert no)	4947(a)(1)	01 1					•		
7		ebsite: ► N/		. 🗆 -	п п		1			exemption nu				
K		n of organization	X Corpora	ation Trust	Association	Other -	L Year	of Formation	on 198 9	9 INIS	tate of	legal domicile	<u> </u>	
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S, Se	4				bers of the governi		line 1b)				4	0		
ţį	5	Total number		-	-	,	,				5	3		
Activities & Governance	6	Total number	of volunte	eers (estimat	e if necessary)						6	0		
ď	7 a	Total gross u	nrelated b	usiness reve	nue from Part VIII,	Icolumn (C), ine	12				7a			
	_ b	Net unrelated	l business	taxable inco	me from Form 990	-T, line 34					7 b			
									Р	rior Year		Curr	rent Ye	ar
	8	Contributions							4	,600,0	00.	3,	450,	000.
Revenue	9	Program serv	reven	ue (Part VIII,	line 2g) 👯				1	,340,0	51.			161.
eve	10				n (A), lines 3, 4, a					_583,9	15.	-3,	160,	034.
Œ	11	Other revenue	e (Part VI	II <u>_column_(A</u>), lines 5, 6d, 8c, 9	c, 10c, and 11e)								
	12				1) (must/equal Pa		4), line 12	2)	6	,523,9	66.	1,	<u> 285,</u>	127.
	13				art IX, column (A),									
	14	Benefits paid	to or for r	nembers (Pa	rt.IX, column (A), I	l(ne) ∮)								
ø	15				oyee benefits (Part		lines 5-10	0)	1	<u>,170,5</u>	21.		960,	893.
န္	16 a	Professional t	fundraisin	g fees (Part I	X,_column-(A) , lute	e ¹ 11e)								
Expenses	ь	Total fundrais	sına exper	nses (Paft) X	column (D), Irre 2	251_ >		0.		T.	. 4			
ı ı	17), lines 11a-11d, 1					,461,7				877.
	18	•	•	•	ust equal Part IX, o	•	25)			,632,2				770.
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Net Assets or Fund Balancos	20	Total assets ((Dort V III	20 16)						nning of Y			of Yea	792.
88	21	Total assets (Total liabilities								,201,2				582.
P P			-	<u>-</u>	01.6									
	22				ct line 21 from line	20			14	,841,3	73.	13,	945,	210.
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		Under penaltie true, correct, a	es of perjury, and complete	I declare that I had Declaration of p	ave examined this return regarer other than office	, ocliding accompany by based on all infor	ing schedule mation of w	es and state hich prepa	ements, and rer has any	to the best of the total terms of the terms	of my kı	nowledge and	belief, it	t IS
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Form	990 (2009) RESEARCH DEVELOPMENT FOUNDATION	88-0	<u> 23432</u>	<u> </u>		age 2
Par	t III Statement of Program Service Accomplishments				_	
1	Briefly describe the organization's mission.					
	See Schedule O					
2	Did the organization undertake any significant program services during the year which were not listed on the	ie 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 serving	ces?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O		_			
4	Describe the exempt purpose achievements for each of the organization's three largest program services to	v expense:	s. Sectio	n 501	(c)(3)	
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations	to other	s, the	total	
	expenses, and revenue, if any, for each program service reported.					
	40 4 CCR 110	D				,
4 a	(Code) (Expenses \$ 4,667,110. including grants of \$)	Revenue	\$,
	See Schedule 0					
					_	
4b	(Code:) (Expenses \$ including grants of \$)	Revenue	\$)
						 .
4 c	(Code) (Expenses \$ including grants of \$)	(Revenue	\$)
		 -				
						-
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		. 				
						-
74	Other program services (Describe in Schedule 0)					
		•			,	
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>)	
4 e	Total program service expenses ► 4,667,110.					

			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	х	
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		<u>x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
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		<u>x</u>
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		x
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		, , ,	
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	ا در	,	
	• 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 	1.2961		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12/	A Was 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 12 A X		* 94.	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		x
14 <i>a</i>	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
ŧ	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		_ x
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		_x_
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
19	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		X

Form 990 (2009) RESEARCH DEVELOPMENT FOUNDATION

Part IV Checklist of Required Schedules (continued)

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 17 if "Yes," complete Schedule I, Parts I and II 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 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? If "Yes," complete Schedule J 24 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b 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 IV 26b A family member of a current or other end of the organization s	x x la N la N la N la la N la la N la la N la la la la la la la la la la la la la	X X X A A A X X
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contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or indirect owner? If 'Yes,' complete Schedule L, Part IV 28:		
was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or indirect owner? If 'Yes,' complete Schedule L, Part IV 28i	,	x
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 280) V	
schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct owner? If 'Yes,' complete Schedule L, Part IV 28	Ba X	-
was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	ь	x
20 Sta die Grantzaden receive mere daan gestalbadene. In 160, complete constant in		x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	2	х
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	3	x
Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	ı x	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	5 x	
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	<u>.</u>	x
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	,	x
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O 38	3 X	(2000)

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Form **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S 1 a 18 Information Returns Enter -0- if not applicable 0 1b **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming N/A 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a NI. ľΑ 3 t b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a financial account in a foreign country (such as a bank account, securities account, or other financial account) **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 X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? N 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited N/ 5 c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not N/ 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? 7b A/N b If 'Yes.' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c N/A 7d d If 'Yes.' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business N 8 holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. N/ 9a a Did the organization make any taxable distributions under section 4966? N/λ 96 b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a N/A b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: N/A 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against N/A amounts due or received from them) 11 b N/ 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a N/A b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2009)

Part No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	tion A.	Governing Bo	ody and N	/lanage	ment												
						_			··			-				Yes	No
1	a Enter the	number of voting	members of	f the gove	erning b	body	_		_		1 a	5			[4]	\$ 22	
	b Enter the	number of voting	members th	nat are in	depend	_{dent} S	See So	chedu]	Le O		1b	0			*	ار ا	
2	Did any o officer, di	fficer, director, tru rector, trustee or k	stee, or key key employe	employe	ee have	e a fan	mily rela	itionship	or a business	relat	tionsh	np with	any other	r	2	<u>x</u>	<u> </u>
3	Did the o	rganization delega s, directors or trust	te control o	ver mana emplove	agement	nt dutie	es custo	marily po	erformed by o	or und erson?	der th	e direct	supervisi	ion	3		x
4		rganization make a	_				_		-						4		х
	since the	prior Form 990 wa	as filed?											-	l		
5	Did the o	rganization becom	e aware du	ring the y	year of a	a mate	terial div	ersion of	the organiza	ition's	asse	ets?		-	5		<u> </u>
6		organization have												-	6		<u> </u>
7	a Does the governing	organization have body?	members,	stockhold	ders, or	r other	r person:		ay elect one o	or mo	re m	embers	of the		7a		x
	b Are any o	lecisions of the go	verning bod	ly subject	t to app	oroval	by mem	nbers, st	ockholders, or	r othe	er per	sons?			7b	554	X
8	Did the o	rganization conterr ring:	nporaneous	ly docum	ent the	meeti	tings hel	ld or writ	ten actions un	nderta	aken (during ti	ne year b	y 🌡	13.6		
	_	rning body?						_						-	8a	<u>x</u>	
		nmittee with author	•		_	-		-							8b	X	
	organizat	iny officer, director ion's mailing addre	ess ⁹ If 'Yes	,' provide	e the na	ames a	and add	tresses ıı	n Schedule O						9		х
	ction B.	•	ns Sectio	n B rec	quests	s info	ormatio	on abou	ıt policies r	not r	requ	ired by	the Int	ternal			
Rev	enue Code)														Yes	No
10	a Does the	organization have	local chapt	ters, bran	nches, o	or affil	liates?							Γ	10 a	163	X
	b If 'Yes.' d	oes the organization	on have wri	itten polic	cies and	d proc	edures	governin	g the activitie	s of s	such	chapters	s, affiliate	es,	10b	N/.	A
11		organization provid	-							dy be	fore t	filing the	form?	⊢	11	х	
		in Schedule O the							-						2.3	2	
12	a Does the	organization have	a written c	onflict of	ınteresi	st polic	cy? If 'N	lo,' go to	line 13						12a	X	
	b Are office to conflic	ers, directors or tru ts?	stees, and	key emp	loyees r	require	red to di	sclose a	nnually intere	sts th	at co	uld give	rise		12b	х	<u> </u>
	c Does the <i>Schedule</i>	organization regul O how this is don	larly and co	nsistently	y monito	tor and	d enforc	e compli	ance with the	polic	y? If	'Yes,' a	escribe ii	n	12c	x	
		organization have			•	•								-	13	Х	<u> </u>
		organization have												_	14	X .4:1%	180 P. 199 C
15	Did the p persons,	rocess for determi comparability data	ning compe a, and conte	ensation o emporane	of the fo eous sul	ollowir ibstant	ng perso itiation o	ons inclu- of the del	de a review a iberation and	nd ap	oprov sion?	al by inc	dependen	nt .	أفخد		\$5
	_	nization's CEO, Ex				nagen	ment off	icial						-	15a	X	
		cers of key employ				- البلسيين	0.40-	التناهمين و	·one \					-	15b	X	5, 3 1 m,
		line 15a or 15b, d		•			-		-	ا عمان		.m.c	۔۔۔ مطاس	abla			
16	a Did the o entity dur	rganization investing the year?	in, contribu	te assets	s to, or p	partici	ipate in	a joint v	enture or simi	ıııar al	ırang	ernent \	vitri a tax	able	16a		х
	h If 'Yes ' h	as the organization	n adopted a	a written	policy of	or prod	cedure r	requiring taken st	the organizat	tion to	o eva	luate its	participa	ation npt	73.77 1.13	· **	, , , , , , , , , , , , , , , , , , ,
	status wit	h respect to such	arrangeme	nts?	.oco.ui				-,					-	16b		
		Disclosures						(1 1 :									
		tates with which a				-			NONE							. .	
18	Inspection	104 requires an or	u make the	se avaıla	able Ch	neck al	II that a	pply		0, and	d 990	-Γ (501	(c)(3)s or	nly) avaı	able	tor pu	oildt
	_	website	_	r's websi				on reque					4 1 .	4 1-	1	4	
	statemen	in Schedule O who ts available to the	public														cial
20		name, physical ac															2111
	►JRus	ssell_Beekma	<u>an</u> 1	325 Airmo	otive_Way	ay, Sui	<u>ite 175</u>	Reno		<u>n</u>	<u>v</u>	<u>8950</u>		(77	<u>5</u>)_3	29-	3111

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

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

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

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

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

Check this box if the organization did not compe	-	T On	iicel	_		ior, o	ı trl		1	
(A)	(B)			•	C)	414		(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Thomas J Brorby Trustee, Chairman	*	Х		х				35,000	140,000	22,342
Robert M Wallace Trustee, President	**	x		х				110,000	290,000	59,745
Jarred W Sloan Trustee, V Pres , Treasurer	**	×		х				85,000	315,000	59,812
C.W. Wellen Trustee, Vice President	**	x		x				100,000	365,000	59,547
Dudley R Dobie, Jr Trustee	*	X						35,000	140,000	1,017
Andrew MacKenzie Vice President, Secretary	***			х				0	0	0
John Russell Beekman Vice Pres , Asst. Treasurer	***			х				0	83,520	38,072
Joan S Dunlap Assistant Secretary	**			х				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										
Foundation and other Nevada based supporting entities of Clayton Foundation for Research										
**** Works an average of 40 hours per week for the										
Foundation and other Nevada based supporting entities of Clayton Foundation for Research										

Rartivili Section A. Officers, Directors, Trust	ees, K	(ey	Em	plo	ye	es,	and	Highest Con	pensated En	nployees (cont.)
(A)	(B)			((;)			(D)	(E)	(F)
Name and Title	Average hours			_				Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	ndivi or dir	nstati	Officer	Key e	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	s compensation from the
		dual	ğ	, i	employee	st co	<u>е</u>	·		organization and related
		trust	al tr		уее	ompe				organizations
		ee	stee			nsat				
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1 b Total	<u> </u>			l			>			
2 Total number of individuals (including but not limited	to those	e list	ted a	abov	/e) v	vho i	rece	ived more than \$	100,000 in repor	table compensation
from the organization										
										Yes No
3 Did the organization list any former officer, director	or truste	e, k	еу е	mpl	oye	e, or	hıg	hest compensated	d employee	
on line 1a ⁷ If 'Yes,' complete Schedule J for such in							. 			3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ian \$150	0,000)? <i>If</i>	'Ye	s' c	ompi	lete	Schedule J for su	ıch	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Schi	mpensa	ation	fror	n ar	าง น	nrela	ated	organization for	services	5 X
Section B. Independent Contractors	edule J	101 5	ucn	per.	SULL		-			
1 Complete this table for your five highest compensate	ed indep	ende	ent c	ont	racto	ors t	hat	received more tha	an \$100,000 of	
compensation from the organization					_			г	 -	
(A) Name and business addres	c							(B Description	of Services	(C) Compensation
RDF Biotechnologies, In One Riverway, Suite 15		118	:OP	т×	7	70	56	Consulting	OI SELVICES	2,235,655.
	ustor			TX				Legal service-	nedical patent	1,655,370.
Brorby, Crozier & Dobie 111 Congress Ave., Suite 2250 Au				ТX				Legal-gener		625,670.

2 Total number of independent contractors (including but not limited to those listed above) who received more than

L L a	t 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	3,450,000.			
픻	Business Code	3,430,000.	*		
ICE REVENI	2a Patent royalty income 900099	995,161.			995,161.
ŠERV	d				
ROGRAM S	e f All other program service revenue g Total. Add lines 2a-2f	995,161.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	122,277.			122,277.
	For a second to the second to	I ha s	K · · · · · · · · · · · · · · · · · · ·	, '	
	d Net rental income or (loss)			.,	
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 1,087,342.		ě	1 > 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	
	b Less cost or other basis and sales expenses c Gain or (loss) 4,369,653. -3,282,311.				
	d Net gain or (loss)	-3,282,311.		-	-3,282,311.
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)		, , , , , , , , , , , , , , , , , , ,		
HER	See Part IV, line 18 a b Less: direct expenses b	-			1
5	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				*
	c Net income or (loss) from gaming activities			1	
	10a Gross sales of inventory, less returns and allowances a]			
	b Less: cost of goods sold b			-	
-	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	<u> </u>	 		
}	miscellaneous revenue Business Lode]			
	b				
İ	с				
	d All other revenue				
	e Total. Add lines 11a-11d 12 Total revenue. See instructions		1		-2,164,873

Form **990** (2009)

Part IX Statement of Functional Expenses

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

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

	All other organizations must comp	T			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	391,983.	293,987.	97,996.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	554,375.	414,400.	139,975.	0.
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	14,535.	10,901.	3,634.	
11	Fees for services (non-employees)				
á	Management				
ŀ	Legal	137,431.	7,451.	129,980.	0.
(: Accounting	12,300.		12,300.	0.
(Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees	6,749.		6,749.	0.
	1 Other	2,243,990.	2,235,655.	8,335.	0.
-	Advertising and promotion		•		
13	,	423.		423.	0.
14	Information technology		-		
15	Royalties				
16	Occupancy	12,000.		12,000.	0.
	Travel	13,326.	6,663.	6,663.	0.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	2373200	0,003.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	97,605.		97,605.	0.
	below) Patent Fees-Medical Patents	1,698,053.	1,698,053.		0.
				- :-	·- <u>-</u>
		-			
	i				
	All other expenses		4 667 110	F15 660	
	Total functional expenses Add lines 1 through 24f	5,182,770.	4,667,110.	515,660.	
26	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Form 990 (2009)

Form **990** (2009)

BAA

Balance Sheet (A) Beginning of year (B) End of year 13,790. 8,438 1 Cash - non-interest-bearing 2 713,372. 184,169. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 856,961. 655,392 4 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)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 33<u>,7</u>56 7 33,756. Notes and loans receivable, net 8 Inventories for sale or use 9 89,939. 115,968. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 c 10b **b** Less: accumulated depreciation. 7,004,224. 11 7,447,935. 11 Investments - publicly-traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 7,511,489 15 6,760,242. 15 Other assets See Part IV, line 11 16 15,386,792. 16,042,639 16 Total assets Add lines 1 through 15 (must equal line 34) 17 1,441,582. Accounts payable and accrued expenses 1,201,266. 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 0. 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 1,201,266. 26 1,441,582. X and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. ASSETS 4,024,034. 3,127,871. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 10,817,339 29 10,817,339. R and complete Organizations that do not follow SFAS 117, check here FUND lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund BALANCES 32 32 Retained earnings, endowment, accumulated income, or other funds 14,841,373. 33 13,945,210. 33 Total net assets or fund balances 15,386,792. 16,042,639. 34 Total liabilities and net assets/fund balances

TEEA0111 01/30/10

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

BAA

N/A Form 990 (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

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.

2009

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Total

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

Name o	f the	organization						ļ	Employer	identificati	ion number		
RESI	EAI		ENT FOUNDATION							34325			
<u>Part</u>	<u>1</u>	Reason for Pu	blic Charity Statu	s (All organizations	<u>must c</u>	omple:	te this	part.)	See ir	<u>ıstructı</u>	ons		
The o	rgai	nization is not a priv	ate foundation becaus	se it is: (For lines 1 throug	h 11, ch	eck only	one bo	x)					
1		A church, convention	on of churches or asso	ciation of churches descri	ibed in s	ection 1	70(b)(1)	(A)(i).					
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)								
3		A hospital or coope	rative hospital service	organization described in	section	n 170(b)	(1)(A)(iii)).					
4		A medical research	organization operated	d in conjunction with a hos	spital de	scribed	ın sectio	on 170(l)(A)(C	iii) Ente	r the hospi	tal's	
	_	name, city, and sta		-,			. _ .–	- -	- - - -				
5		An organization open 170(b)(1)(A)(iv). (Control of the control of		of a college or university of	wned or	r operate	ed by a q	governn	nental ur	nit descri	ibed in sec	tion	
6	Ц			overnmental unit describe									
7	ᆜ	An organization that in section 170(b)(1)	at normally receives a XAXvi). (Complete Pa	substantial part of its sup art II)	port fron	n a gove	ernmenta	al unit c	r from ti	ne gener	al public de	escribe	ea
8	닏	•		70(b)(1)(A)(vi). (Complete		•							
9	L	from activities relations	ed to its exempt funct	more than 33-1/3 % of lons – subject to certain of ss taxable income (less so omplete Part III)	exception	ns, and	(2) no rr	nore tha	in 33-1/3	3 % of its	s support fr	om gro	oss
10		An organization org	ganized and operated	exclusively to test for pub	lic safety	y See s	ection 5	09(a)(4).				
11	x	more publicly supp	orted organizations d	exclusively for the benefit escribed in section 509(a) ation and complete lines	(1) or se	ection 50	09(a)(2)	ons of, See s e	or carry ection 50	out the 19(a)(3).	purposes o Check the	f one of box th	or nat
		a Type I	b X Type II	c 🗌 Type III	- Func	tionally	integrate	ed		d 🗌	Type III-	Other	
е	X	By checking this bothan foundation ma 509(a)(2)	ox, I certify that the org inagers and other than	ganization is not controlled none or more publicly sup	d directly ported o	y or indi organiza	rectly by tions de	one or scribed	more di in sectio	squalifie on 509(a	d persons)(1) or sec	other tion	
f		If the organization is check this box	received a written dete	ermination from the IRS th	nat is a l	Гуре I, Т	ype II o	r Type I	II suppo	rtıng org	anızatıon,		x
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?			
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to upported organization?	gether v	with pers	ons des	cribed	n (II) an	d (III)	11 g (i)		х
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		X
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		Х
h		Provide the following	ng information about t	he supported organization	s								
	()	Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	ls the tion in col d in your erning ment?	(v) Did y the organ col i your su	iization în (i) of	(vi) I organızat (i) organı U S	s the ion in col zed in the S ?	(vii) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
Clay	to	n Foundation											
•		Research	74-1541767	4	х		х_		х		4,6	67,1	10.
					<u> </u>			<u></u>	ļ				
			ļ <u> </u>		-			<u> </u>					

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

4,667,110.

	edule A (Form 990 or 990-EZ) 2009		DEVELOPMEN			88-0234325	Page 2
Pa	rt II Support Schedule for	-			(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi	N/A
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I	.)			N/A
Sec	tion A. Public Support	r				· · · · · · · · · · · · · · · · · · ·	
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)	産せ		, o c	* 0	- #* ,	
6	Public support. Subtract line 5 from line 4	ś, * *	♦ ₽ ♣	,	< _ %	* ' *	
Sec	tion B. Total Support			·			
	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				1		
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	,	ı	^	* ', ",		
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, second	d, third, fourth, o	or fifth tax year as	a section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	Percentage				-
	Public support percentage for 20 Public support percentage from 2	•	•	e 11, column (f)		14 15	% %
16 a	33-1/3 support test - 2009. If the				the line 14 is 33-1	/3 % or more, check	this box ►
ł	33-1/3 support test — 2008. If the and stop here. The organization	organization did	not check a box of	on line 13, or 16a	, and line 15 is 33	-1/3% or more, check	_
17 a	a 10%-facts-and-circumstances to or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances'	' test, check this l	box and stop here	. Explain in Part IV h	6 ow ► □
	10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test The organiz	' test, check this l ation qualifies as	box and stop here a publicly support	. Explain in Part IV h ted organization	ow the ▶
18	Private foundation. If the organiz	zation did not ched	ck a box on line, 1	13, 16a, 16b, 17a			
BAA					S	chedule A (Form 990	or 990-EZ) 2009

organization, check this box and stop here Section C. Computation of Public Support Percentage 15

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

- Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2008 Schedule A, Part III, line 17
- 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
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

16

17

18

%

%

%

%

Partiv	Supplement Part II, line	ntal Inform 17a or 1	nation. Co 7b; and Pa	mplete the art III, line	s part to p 12. Provid	provide the de any other	e explanat her addition	ions require nal informat	d by Part I ion. See in	I, line 10; structions.
N/A										
_										
	~									
										
										· -
								· - ·		
										
		-								

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 गरिंग्री के तहत् Inspection

Employer Identification number

	EARCH DEVELOPMENT FOUNDATION		88-0234325
Par	Organizations Maintaining Donor the organization answered 'Yes' to	r Advised Funds or Other Similar Fun o Form 990, Part IV, line 6.	ds or Accounts Complete If
1 2	Total number at end of year Aggregate contributions to (during year)	(a) Donor advised funds	(b) Funds and other accounts
3 4	Aggregate grants from (during year) Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to	or advisors in writing that the assets held in don o the organization's exclusive legal control?	or advised Yes No
6	used only for charitable purposes and not for the purpose conferring impermissible private benefits		y other Yes No
Par	till Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7. N/A
	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., re Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization last day of the tax year.	ecreation or pleasure) Preservation of	of an historically important land area of certified historic structure ne form of a conservation easement on the
t	Total number of conservation easements Total acreage restricted by conservation easen Number of conservation easements on a certifi	ied historic structure included in (a)	Held at the End of the Year 2a 2b 2c
	Number of conservation easements included in		2d
3	Number of conservation easements modified, t	transferred, released, extinguished, or terminate	d by the organization during the tax
4	year ►Number of states where property subject to con-	nservation easement is located ►	_
5 6	and enforcement of the conservation easemen	garding the periodic monitoring, inspection, hand t it holds? g, inspecting, and enforcing conservation easer	∐ Yes ∐ No
7	during the year ►	specting, and enforcing conservation easements	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8. N/A
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial statement	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtherants that describes these items	nt and balance sheet works of art, historical ice of public service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items	SFAS 116, to report in its revenue statement a ic exhibition, education, or research in furtherar	ice of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	* \$
	(ii) Assets included in Form 990, Part X		
	amounts required to be reported under SFAS		r financial gain, provide the following
	Revenues included in Form 990, Part VIII, line	1	►\$ ►\$
b	Assets included in Form 990, Part X		►\$

Schedule D (Form 990) 2009 RESER				88-023	
Part III Organizations Mainta	ining Collections	of Art, Historic	al Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	on accession and othe			at are a significant use o	of its collection
a Public exhibition		H-1	exchange programs		
b Scholarly research		e U Other _			
c Preservation for future general Provide a description of the organ		and explain how the	y further the organia	zation's exempt purpose	ın
Part XIV		•			
assets to be sold to raise funds ra					Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements (unt on Form 990,	Complete if org Part X, line 21	anization answe	red 'Yes' to Form 9	90, Part IV, line N/A
1a Is the organization an agent, trust included on Form 990, Part X?				er assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and comp	lete the following to	able:		
				1.	Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1f	
f Ending balance2a Did the organization include an ai	mount on Form 990 I	Part V. lina 212			Yes No
b If 'Yes,' explain the arrangement		alt X, iiile 21			
Part V Endowment Funds Co		ation answered	'Yes' to Form 9	90. Part IV. line 10.	
Tarri I and So	(a) Current year	(b) Prior year	(c) Two years ba		(e) Four years back
1 a Beginning of year balance	10,817,339.	10,817,339	er 30c	* * .	1 2 1 1
b Contributions			, 1,	in the	Am. «
c Net Investment earnings, gains, and losses					
d Grants or scholarships			.3	*	: 4
Other expenditures for facilities and programs			* .		7 mg (
f Administrative expenses			W- W	78 7	· 6
g End of year balance	10,817,339.	10,817,339). Ü:	ta da at	, *, *, *, *, *, *, *, *, *, *, *, *, *,
2 Provide the estimated percentage			<u> </u>		
a Board designated or quasi-endow	ment • ().00 _%			
b Permanent endowment ▶	100.00%				
c Term endowment ►0	<u>.00</u> %				
3a Are there endowment funds not in organization by	n the possession of th	e organization that	are held and admir	istered for the	Yes No
(i) unrelated organizations					3a(i) X
(ii) related organizations					3a(ii) X
b If 'Yes' to 3a(ii), are the related o	rganizations listed as	required on Sched	ule R?		3b N/A
4 Describe in Part XIV the intended	uses of the organiza	tion's endowment f	unds	<u> </u>	
Part VI Investments-Land, B	uildings, and Eq	uipment. See F	orm 990, Part	K, line 10.	N/A
Description of investment		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land					
b Buildings					
c Leasehold improvements					<u> </u>
d Equipment			<u> </u>	 	
e Other			(0) / . 10(1)	<u> </u>	
Total. Add lines 1a through 1e (Column	n (d) must equal Forn	n 990, Part X, colui	nn (B), line 10(c))	Soho	
BAA				Sche	dule D (Form 990) 2009

Schedule D (Form 990) 2009 RESEARCH DEVELOPM		88-02	
Part VII Investments-Other Securities See Fo		ne 12.	N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	
		Cost or end-of-year ma	ket value
Financial derivatives			
Closely-held equity interests			
Other			
	ļ		
			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►		等歌 经人工	MAN NITH I
Part VIII Investments-Program Related (See	Form 990, Part X, I	ine 13)	N/A
(a) Description of investment type	(b) Book value	(c) Method of value	ation
(c) Decempose of the control of the	(,	Cost or end-of-year ma	rket value

			<u>.</u>
		-	
			±

Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)		1 the second of	- 1. W. A
Part IX Other Assets (See Form 990, Part X,	line 15)	****** ** *** *** *** *** *** *** ***	7 4000 1000
	escription		(b) Book value
Medical Patent costs (net of accumula		on \$2 831 240)	6,760,242.
medical Patent Costs (net of accumula	ited amortizati	On \$2,031,240,	0,700,212.
			
			· · · · · · · · · · · · · · · · · · ·
			<u> </u>
			
Total. (Column (b) must equal Form 990, Part X, col (B), II			6,760,242.
Part X Other Liabilities (See Form 990, Part			<u> </u>
(a) Description of Liability	(b) Amount	, ,	
Federal Income Taxes			* *
Federal Income Taxes		0.	
	ı		
Total (Column (h) must aqual Form 000 Part V and (D) line 25)		0	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► 2. FIN 48 Footnote In Part XIV, provide the text of the footn	note to the organization's	0.	organization's liability

Part XII Reconcilitation of Change in Net Assets from Form 990 to Financial Statements 1 Total revenue (Form 990, Part IVI, column (A), line 12) 5.182,772 2 Total expenses (Form 990, Part IVI, column (A), line 12) 7.2,897,64 Net unrealized gams (tosses) on investments 3,752,722 5 Donated services and use of facilities 7.751,244 8 Other Obecambe in Part XIV 7.751,244 9 Total adjustments (net). Add lines 4 through 8 3,001,48 10 Excess or (defact) for the year per audited financial statements. Combine lines 3 and 9 -896,16 Fart XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements 2a 3,752,728 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gams on investments 2b 2c 3,752,728 b Donated services and use of facilities 2b 2c 3,752,728 d Other (Describe in Part XIV) 2d 2d 3,752,728 d Other (Describe in Part XIV) 2d 2d 3,752,728 d A mounts included on Form 990, Part VIII, line 7b 4a 6,749 d A mounts included on Form 990, Part VIII, line 7b 4a 6,749 d A form of the state of the st	Schedule D (Form 990) 2009 RESEARCH DEVELOPMENT FOUNDATION	88-	0234325	Page 4
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 A, 897,64 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (nels), Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 d 3 Subtract line 2e from line 1 3 Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 2 at Inrough 2d 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 1, 285, 12 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 2 C 3 Other (Describe in Part XIV) e Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on tile use of facilities b Prior year adjustments c Other losses 2 C 3 Donated services and use of facilities b Prior year adjustments c Other losses 5 C 5 Donated services and use of facilities c Other losses 5 Donated services and uses of facilities	Part XI Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements		
3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 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 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 -751, 24 3 Total adjustments (net). Add lines 4 through 8 1 Excess or (deficit) for the year per audited financial statements with Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 4 Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part IX, line 12) 5 Total revenue Add lines 4a and 4b 5 Total revenue Add lines 4a and 4b 5 Total revenue Add lines 4a and 4b 5 Total revenue Add lines 5 and 4c (Thi	1 Total revenue (Form 990, Part VIII,column (A), line 12)		1,28	5,127.
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (riet). Add lines 4 through 8 10 Excess or (defact) for the year per audited financial statements. Combine lines 3 and 9 -896, 16 Part XII Reconcililation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 de did lines 2 through 2d 3 Subtract line 2e from line 1 3 1,278,37 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconcililation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 4a and 4b 5 Total expenses in cliqued on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1:	2 Total expenses (Form 990, Part IX, column (A), line 25)		5,182	2,770.
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (riet). Add lines 4 through 8 10 Excess or (defact) for the year per audited financial statements. Combine lines 3 and 9 -896, 16 Part XII Reconcililation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 de did lines 2 through 2d 3 Subtract line 2e from line 1 3 1,278,37 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconcililation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 4a and 4b 5 Total expenses in cliqued on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1:	3 Excess or (deficit) for the year Subtract line 2 from line 1		-3,897	7,643.
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year medical patent costs.	amortization and abandonments over	capitalized curren	<u>t</u>	
	year_medical_patent_costs			
BAA TEEA3304 02/02/10 Schedule D (Form 990) 2	BAA TEEA3304 02/02/10		Schedule D (Form	990) 2009

	RESEARCH DEVELOPMENT FOUNDATION	88-0234325	Page 5
isartexival Supplemen	ntal Information (continued)		
Part V, Line 4	The Board of Trustees of the Foundation has in	terpreted	
	the Uniform Prudent Management of Institutional	l_Funds_Act	
	(UPMIFA) as requiring the preservation of the	fair value	
	of the original donor contribution as of the co	ontribution	
	date of the donor-restricted endowment funds.	As a result	
	of this interpretation, the Foundation classif	ies_as	
	permanently restricted net assets the original	value_of	
	the donated contribution to the permanent endo	wment	
	Accordingly, only the income, including realize		
	unrealized gains, is to be used for the Founda		
	activities, except when such assets must be di		
	in order to maintain the Foundation's tax-exem	pt_status	
			-
			

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Attach to Form 990. See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RESEARCH DEVELOPMENT FOUNDATION

Employer identification number 88-0234325

rar	Ti 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		r	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1	,	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	44	Par Ca	్రాయి.
			, ·	
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	X	
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	x	
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			* 4
	X Compensation committee X Written employment contract		,	
	x Independent compensation consultant x Compensation survey or study	,		
	Form 990 of other organizations X Approval by the board or compensation committee	*		
			3,4	i 1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			,
а	Receive a severance payment or change-of-control payment?	4a	1	x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b	<u>, </u>	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		4.	,
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		ľ	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5 a	4	x
b	Any related organization?	5t	<u>, </u>	Х
	If 'Yes' to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	68	<u></u>	x
b	Any related organization?	61	<u>, </u>	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	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial 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

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

Schedule J (Form 990) 2009

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

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-	W-2 and/or 1099-MISC	SC compensation				
(A) Name		(I) Base	ロニ	(iii) Other	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns (B)(i)—(D)	reported in prior
		compensation	compensation	compensation	compensation		(a)	Form 990 or Form 990-EZ
	Ξ	35,000		O	0	0	35,000	37,501
I nomas J. Brorby, Trustee, Cnairman	(ii)	140,000	0	0	0	22,342	162,342	171,278
Dobose M. Wolland Terration	ε	110,000	0	0	0	11,250	121,250	108,785
Robert M Wanace, Hustee, President	<u>(ii)</u>	290,000	0	0	0	48,495	338,495	321,878
Special W. Slove Tender	Θ	85,000		0	0	2,500	92,500	89,617
Jarred W Sloan, Trustee, V P., Teasurer	≘	315,000	0	0	0	52,312	367,312	341,206
tooking to the Holling W. W. O	ε	100,000		0	0	8,233	108,233	140,373
C.W. Wellen, Irustee, Vice President	(ii)	365,000	0	0	0	51,314	416,314	440,069
	(1)	35,000	0	0	0	0		30,137
Dudiey R. Doble, Jr., Trustee	(ii)	140,000	0	0	0	1,017	141,017	124,324
	(9)	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	(1)	0	0	0	0	0	0	0
	€	.	0	0	0	0	0	0
	(E)	0	0	0	0	0	0	0
	€		0	0	0	0	0	0
	(I)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(!)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(!)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(<u>:</u>)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(1)	0	0	0	0	O	0	0
	(ii)	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(1)	0	0	0	O	0	0	0
	(ii)	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	(ii)	0	0	Ö	0	0	0	0
							Sched	Schedule J (Form 990) 2009

SCHEDULE L (Form 990 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.

Department of the Treasury Internal Revenue Service

or 990-EZ.

2009	
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OMB No 1545-0047

Name of the organization							nployer ic			nber		
RESEARCH DEVELOPMENT FOUNDAT							8-023					
Excess Benefit Transaction Complete if the organization answer	is (sect ered 'Yes'	ion 501 on Form	(c)(3) a 1990, Par	ind section t IV, line 25a (501(c)(4 or 25b, or l	1) organız Form 990-EZ	ations , Part V	only , line	/). 40b.		N/	
1 (a) Name of disqualified person		l			(b) Description	n of transaction					(c) Corr	ected?
1 (a) raine of disqualified possess	<u> </u>										Yes	No
												
 2 Enter the amount of tax imposed on the of section 4958 3 Enter the amount of tax, if any, on line 2. 	_				sons durir	ng the year u	nder	► \$ ► \$				
Rartill Loans to and/or From Inter	ested P	ersons	5.								/	
Complete if the organization answ	ered 'Yes'	' on Forn	n 990, Par	t IV, line 26 o	r Form 990)-EZ, Part V,	line 38	a.			N/	Α
(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) princ	Original ipal amount	(d) B	alance due	(e) In (default?	by boa	ard or	(g) W agree	/ritten ment?
	То	From			ļ		Yes	No	Yes	No	Yes	No
		_						<u> </u>				ļ
	-	<u> </u>					+		\vdash			\vdash
	_	_	ļ					 -				\vdash
	1							<u> </u>				
Total				▶ \$			1.37	7	8. N. S		e si	
Grants or Assistance Bene Complete if the organization	efitting l n answe	I nteres ered 'Y	ted Per s es' on F	s ons. Form 990, F	Part IV, I	ine 27.					N/	'A
(a) Name of interested person		(b) Relation	ship betweer the orgai	n interested personization	n and	,	(c) Amoui	nt and ty	pe of as	sistance	•	
	+											
	+											
				 		-						
PartIV Business Transactions Inv	olvina	Interes	ted Per	sons					-			
Complete if the organization	n answe	ered'Ye	es' on F	orm 990, P	art IV, lı	ne 28a, 2	Bb, or	28c.			1	
(a) Name of interested person	(b) R intere	Relationship ested persoi organizati	n and the	(c) Amo transact	unt of ion \$	(d) Do	escription	of trans	saction		organi reve	aring of ization's nues?
Allison, MacKenzie, et. al.	Saa	sched	11] 6 0		8.730	Legal S	ervi	Cea			Yes	No X
Brorby, Crozier & Dobie, P.O.	_	Sched		† 		Legal S						x
					; - <u> </u>							
	-			ļ			-			_		
	+					 			-			+
BAA For Privacy Act and Paperwork Reducti	on Act No	otice, se	e the Inst	ructions for F	orm 990	S	chedule	L (Fo	rm 99	0 or 9	90-EZ) 2009

SCHEDULE O (Form 990)

Separtment of Die Treasury nternal 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 Open to Public Inspection

Name of the organization Research Development Foundation

Employer Identification number 88-0234325

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:

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 Foundation for Research and its supporting organizations.

Part III, Line 4a:

Research Development Foundation ("RDF") is established to transfer medical and scientific technology from the lab to the public use by obtaining patents and licenses and administering patents arising out of discoveries made pursuant to medical research conducted or sponsored by Clayton Foundation for Research, a medical research organization described in Section 170(b)(1)(A)(iii) ("Clayton"), and by supporting organizations to Clayton. 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 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. RDF has collected millions of dollars in patent royalties from its licensing activities over the years.

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Name of the organization Employer Identification Number
Research Development Foundation 88-0234325

Part VI, Section A, Line 2 – Business relationships between Officers, Directors and Trustees 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 Section 4958 (including approval by a compensation committee composed of disinterested persons) have been taken to obtain the rebuttable presumption that compensation paid to B,C&D is reasonable. More specifically, the Foundation periodically engages an independent consulting firm to review the legal fees paid to B,C&D. Such consulting firm examines the relevant facts and collects information and data from the Foundation and B,C&D. It also collects and analyzes compensation data from a peer group of comparable unrelated attorneys and law firms that it selects for comparability purposes. Such consulting firm then renders a written report and opinion

Name of the organization Employer Identification Number Research Development Foundation 88-0234325

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

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

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

Name of the organization	Employer Identification Number
Research Development Foundation	88-0234325

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

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

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

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

Name of the organization Employer Identification Number Research Development Foundation 88-0234325

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.

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.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

RESEARCH DEVELOPMENT FOUNDATION

Related Organizations and Unrelated Partnerships

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

Part. Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 88-0234325

Clayton Medical Research Foundation, Inc. (F)
Direct controlling
entity (F)
Direct controlling Identification of Related Tax-Exempt Organizations (Complete If the organization answered 'Yes' to Form 990, Part IV, line 34 because It had entity N/A N/A N/A Line 11 Type 2N/A Line 11 Type 2|N/A(E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets Exempt Swiss Charity (if U S entity) Line 4 N/A N/A (**b)** Exempt Code section (**D)** Total income 501(c)3 501(c)3 501(c)3 501(c)2 501(c)2 (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) Ϋ́ X DE 22 S 몿 Clayton Foundation For Reasearch 74-1541767 Conduct medical Primary activity (B)
Primary activity Title Holding Title Holding one or more related tax-exempt organizations during the tax year.) Corporation 402N. Division Street,, Carson City NV 89703 Corporation Research 402N. Division Street,, Carson City NV 89703 Research Research 402N. Division Street,, Carson City NV 89703 Research Medical Medical Clayton Medical Research Foundation, Inc. 51-0306704 Medical One Riverway, Suite 1500, Houston TX 77056 One Riverway, Suite 1500, Houston TX 77056 Clayton Land Holding Co. Inc. 74-2073575 Clayton Foundation Company 74-6035675 (A) Name, address, and EIN of related organization Foundation_for_Research_ 88-0234196 (A) Name, address, and EIN of disregarded entity Institut Clayton de la Recherche Geneva Case Postale 745, Partil

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

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

Page 2 88-0234325

Schedule R (Form 990) 2009 RESEARCH DEVELOPMENT FOUNDATION

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

									11		
(J) General or managing	ner?	٩	<u> </u>								
Gene mana	parti	Yes									
Code V-UBI	20 of Schedule K-1	(Form 1065)									
por -	ons?	No						-			
(H) Dispropor- tionate	allocati	Yes									
(G) are of end-of-year assets											
(B) (C) (D) (E) (F) (F) (F) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C											
(E) Predominant income (related,	unrelated, excluded from tax under	sections 512-514)									
(C) (D) Legal Direct domicile controlling entity											
(C) Legal domicile	(state or foreign	country)									
(B) Primary Activity											
(A) Name, address, and EIN of related organization			1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Co l d organizations	rporation or TI treated as a c	rust (Complete corporation or t	if the organizations in	zation answered 'Ye tax year.)	es' to Form 990, Pa	ıt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (state or foreign country)	(C) (Egal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country) or trust)	(E) Type of entity (C corp, S corp, or trust)	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	(H) Percentage ownership
Foundation Services, Inc.							
ision Street	Holdimg						
Carson City, NV 89703	Company	NV	N/A	Ü	0	0.	0.00
Clayton Biotechnologies, Inc.			Foundation Services,				
One Riverway, Suite 1520	Technology		Inc.				
	Transfer	NV		Ü	0.	0	0.00
See Continuation Sheet for Schedule R-1, Part IV							
ВАА		TEEA5002 02/05/10	2/05/10			Schedule R (Form 990) (2009)	990) (2009)

88-0234325

Rank Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)	line 34, 35, or 36.)	•
Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule		Yes No
		*
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		1 b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d ×
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		+
g Purchase of assets from other organization(s)		
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		1i x
i Lease of facilities, equipment, or other assets from other organization(s)		1) X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		- ×
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
		[編集]
o Reimbursement paid to other organization for expenses		\dashv
p Reimbursement paid by other organization for expenses		Tp X
q Other transfer of cash or property to other organization(s)		19 x
r Other transfer of cash or property from other organization(s)	and transaction threshold	-
If the answer to any of the above is ites, see the instructions for information on who must complete this line, including covered relationships	alid transaction transaction	22
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
1) Boundation for Desparch	U	3,450,000.
() Foundation for Acception		
(2) Clayton Foundation for Research	0	71,638.
	-	2,235,655.
(s) craycon brocecunorogres inc.		
(4) Clayton Biotechnologies Inc.	Ω	94,521.
(6) TEEA5003 02/05/10	Schedu	Schedule R (Form 990) (2009)

88-0234325

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and ElN of related organization	(B) Primary activity	(C) Legal domicile	6	(E) Type of entity	(F) Share of total income	(G)	(H)
		(state or foreign country)	(state or foreign Direct controlling country)	(C corp, S corp, or trust)			ownership
William Clayton Jr Trust 74-6085129						,	Remainder
χ. Suite 1500	Charitable						•
1056	Remainder Trust TX	ТX	N/A	E	0	0	ر : ن
Julie Davis Clayton Trust		_					Remainder
11 11 11 11 11 11 11 11 11 11 11 11 11							only
ay, Suite_1500	Charitable						1
	Remainder Trust TX	TX	N/A	E	0	0	, .
						-	
						,	
						-	
ВАА		TEEA5104 07	60/90/20			Schedule R-1 (Form 990) 2009	rm 990) 2009

Form 8868

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

(HTA)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	e filing for an Automatic 3-Month Extension, complete only Part I and check this box		
	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II		
	Automatic 3 Month Extension of Time Only white spine (on the extension of Time Only when the spine)		ly filed Form 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee	eueu).	
	on required to file Form 990-T and requesting an automatic 6-month extension—check (this box and	complete
Part I only .			▶∐
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70	004 to reques	st an extension of
time to file i	ncome tax returns.		
	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month a		
	is noted below (6 months for a corporation required to file Form 990-T). However, you consider the additional (and an arrange) 2 months and (an arrange) 2 months are a second as a second and (an arrange) 2 months are a second as a second are a second are a second as a second are a second as a second are a second are a second are a second are a second are a second as a second are		
returns or a	y if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms are composite or consolidated Form 990-T. Instead, you must submit the fully completed a	990-BL, 6068 and signed n	or 8870, group
Form 8868.	For more details on the electronic filing of this form, visit www.irs.gov/efile and click on	e-file for Chi	arities & Nonprofits.
Type or	Name of Exempt Organization		dentification number
print	Research Development Foundation	88-0234325	
File by the	Number, street, and room or suite no. If a P O box, see instructions.	,	·
due date for filing your	402 North Division Street		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	Carson City	<u>NV</u>	89703
	of return to be filed (file a separate application for each return):		
Form 9			Form 4720
Form 9	=		Form 5227
Form 9			Form 6069
Form 9	90-PF Form 1041-A		Form 8870
Telephor If the org If this is the is for the whole	is are in the care of ► Russ Beekman The No. ► (775) 329-3111 FAX No. ► (775) 329-3115 The N		If this
1 I requ	est an automatic 3-month (6 months for a corporation required to file Form 990-T) exter	nsion of time	<u> </u>
until	8/15/2010 , to file the exempt organization return for the organization		ove. The extension
	he organization's return for:		/
► <u>IX</u>	calendar year 2009 or	/	
▶	tax year beginning , and ending	. ~	
2 If this	ax year is for less than 12 months, check reason Initial return Final return	Chang	ge in accounting period
	,		-
3 a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
			3a \$
less a b If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, by nonrefundable credits. See instructions. application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		3a \$
less a b If this payme	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, by nonrefundable credits. See instructions. application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ints made. Include any prior year overpayment allowed as a credit.		3b \$
b If this payme	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, my nonrefundable credits. See instructions. application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ints made. Include any prior year overpayment allowed as a credit ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require	d, (3b \$
b If this payme c Balan depos	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, my nonrefundable credits. See instructions. application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ents made. Include any prior year overpayment allowed as a credit see Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require t with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment).	d, (3b \$
b If this payme c Balan depos	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, my nonrefundable credits. See instructions. application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ints made. Include any prior year overpayment allowed as a credit see Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment in). See instructions	d,	3b \$ 3c \$ 0
b If this payme c Balan depos	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, by nonrefundable credits. See instructions. Application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ents made. Include any prior year overpayment allowed as a credit or Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment in). See instructions	d,	3b \$ 3c \$ 0

