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Form **990**

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 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2010 calen	dar year, or tax year beginning , 2010, and ending				,			
В	Check if	er Ident	ification Numb	er						
	Addr	ess change	Doing Business As	88-0234196						
	Nam	e change	Number and street (or P O box if mail is not delivered to street addr) Room/sui	ite	E Telepho	ne num	ber			
	Initia	al return	402 N. Division St.		(775	5) 6	87-0245	,		
	Tern	ninated	City, town or country State ZIP code + 4							
	Ame	nded return	Carson City NV 89703	- 1	G Gross re	eceints :	\$ 41,052	. 234	_	
	H	ication pending	T.	(a) is this a				Yes	X No	
	.,,,,,		1 · · · · · · · · · · · · · · · · · · ·	(b) Are all a				Yes	No	
	Tax-ex	empt status	X 501(c)(3)	If 'No,' a	ttach a list	(see ins	tructions)	'	_	
÷		site: N/		(c) Group ex	vemntion nu	mber Þ	•			
<u>.</u> К		of organization	X Corporation Trust Association Other► L Year of Formation				egal domicile	NTV/		
	art I	Summa	· · · · · · · · · · · · · · · · · · ·	11 1303	1111 3	tate or i	egai domicile	14.0		
1.			be the organization's mission or most significant activities Foundation	n for	Regeat	rch	is a			
_	. ا		le non-profit corporation established to suppor							
JČ6	1 2		ntific research.	20					-	
r.	_									
Activities & Governance	2 0	heck this bo	ox If the organization discontinued its operations or disposed of more	than 25%	of its ne	- – – et asse	 ets			
Ğ	3 N		oting members of the governing body (Part VI, line 1a)				5			
9	4 N	lumber of in	dependent voting members of the governing body (Part VI, line 1b)			4	0			
ij	5 T		of individuals employed in calendar year 2010 (Part V, line 2a)				4			
ŧ	6 T		of volunteers (estimate if necessary)				0			
٩	'' '		ed business revenue from Part VIII, column (C), line 12			7a			<u>0.</u>	
	l p v	let unrelated	business taxable income from Form 990-T, line 34			7b			<u> </u>	
		Namakoo (b. 1811 a.m.a.	and conta (Det VIII Inc. 16)	Pri	ior Year		Curre	nt Ye	ar	
S 0			and grants (Part VIII, line 1h)							
9 20% Revenue		_	vice revenue (Part VIII, line 2g)		200 0	0.4		111	405	
~ &	1		ncome (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, r6d, 8e, 9c, 10c, and 11e)	-25,	,298,0	94.	3,4	144,	405.	
			e – add lines 8 through 11 (must equal Rart VIII Lcolumn (A), line (12)	- 25	,298,0	9/	3 /	111	405.	
_ _			imilar amounts paid (Part IX, column (A), lines 1-3)		, 213, 7				000.	
AUG	14 E	Ronofits naid	to or for members (Part IX, column (A), line 4)	<u> </u>	,213, 1	30.	′, ′	- 70,	000.	
	15 5	Salaries othi	er compensation, employee benefits (Part IX, column (A), lines-5 10)		743,882.			726	783.	
SCANNED	1		[83]		743,0	02.		20,	703.	
ANEL Denses					_					
Z			sing expenses (Part IX, column (D), line 25)							
	1		ses (Part IX, column (A), lines 11a-11d, 11f-24f)		595,6			513,	739.	
		-	es Add lines 13-17 (must equal Part IX, column (A), line 25)		,553,2		8,5	510,	522.	
_		Revenue less	s expenses Subtract line 18 from line 12	-32,	<u>,851,3</u>	59.	-5,0)66,	117.	
8	2 I			Beginning	of Current	Year	End o			
8.3	3 1		(Part X, line 16)	96,	,971,4				765.	
₹,	<u> </u>		es (Part X, line 26)		876,3	18.		755,	724.	
ž			fund balances Subtract line 21 from line 20	96,	,095,1	29.	97,6	571,	041.	
P	art II	Signatu	re Block							
Ur	ider penalti	es of perjury, I o	declare that I have examined this return, including accompanying schedules and statements, and to the appropriate the statements of the statements of the statements of the statements of the statements are statements.	he best of m	y knowledge	and be	elief, it is true,	correc	t, and	
_	-	Laration of prep	der which preparer has any knowledge		7 / / / / / / / / / / / / / / / / / / /	Am	101	<i>;</i>		
			MIN II Wallace		UU14,	20,	10/1			
Si	gn	_ K	ur st officer	тъулте	• (·				
Н	ere		ert M. Wallace President							
_			·			4 ,				
		Print/Type	preparer's name Preparer's signature Date	(Check] if	PTIN			
	aid				self-employe	ed				
P	reparei	Firm's name	e •							
U	se Only	Firm's addr	ess •	F	Firm's EIN	<u> </u>	_			
			 	F	Phone no					
Ma	y the IR	S discuss th	is return with the preparer shown above? (see instructions)				Yes		No .	

Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	_X
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 prior	
_		No
	If 'Yes,' describe these new services on Schedule O	
3		No
	If 'Yes,' describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3)	3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	l
	Compenses, and revende, in dry, i.e. eds. program estimate reported	
42	(Code:) (Expenses \$ 4,025,000. including grants of \$ 4,025,000.) (Revenue \$	
	See Schedule O	
		- - -
41	(Code:) /Figures 6 2 675 000 molyden control 6 2 675 000 \ /December 6	
41	(Code:) (Expenses \$ 2,675,000. including grants of \$ 2,675,000.) (Revenue \$ Foundation for Research is a supporting organization to Clayton	
	Foundation for Research is a supporting organization to Clayton Foundation for Research (Clayton). The organization grants funds to	- - -
	Clayton for its general support. Clayton uses such funds in carrying	
	out its primary mission (i.e., to conduct medical research in	
	conjunction with hospitals for the purpose of discovering the cause,	
	prevention and cure of diseases for the benefit of mankind).	
		- - -
		-
		
40	(Code) (Expenses \$ 360,000. including grants of \$ 360,000.) (Revenue \$	—)
	The Gene and Protein Therapy grant to Oregon Health & Science University	
	focuses on inappropriate cell division and cell death within the eye. Much of the work is devoted to intraocular angiogenesis, with particular	
	attention to: 1) the signals that control this process, 2) the development of	- - -
	animal models of human ocular disease, and 3) development of potential	
	therapies. Patent applications have been filed by RDF on several discoveries	
	arising out of this research. Licensing efforts by RDF have resulted in a	
	license to a commercial company that is interested in rights to this	
	technology in order to bring a product to the market for the treatment	
	of macular degeneration.	
40	Other program services (Describe in Schedule O.)	
	(Expenses \$ 595,085. including grants of \$ 210,000.) (Revenue \$)	
4 6	Total program service expenses ► 7,655,085.	

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Ramily Checklist of Required Schedules

			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? (see instructions)	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	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	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
ı	b 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	11 b	х.	
(c 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	11 c		X
	d 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	11 d		х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	I 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	17		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>
ا	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b	N/	A

Form 990 (2010) Foundation for Research 88-0234196 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a N/A 24b 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 N/4any tax-exempt bonds? 24c N/A d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X. **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* 25b Schedule L. Part I X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a Х 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 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 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 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X 35 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 X Yes No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X

BAA

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Х

37

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

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

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

88-0234196 Page 5 Form 990 (2010) Foundation for Research Partive Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a 8 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (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 2Ь X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 3Ь N/A 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes.' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes.' to line 5a or 5b, did the organization file Form 8886-T? 5c N 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were N/A 6b not tax 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 7a X services provided to the payor N, **7**b **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? 7c N/A d if 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X **7**f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g N. as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a N 71 Form 1098-C?

Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

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

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

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

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

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

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

c Enter the amount of reserves on hand

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of

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

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

	/ .			
Form	1041?	12a	N/	Α
11 b	N/A		i.	
11 a	N/A			
10b	N/A			
10a	N/A		-4	

N/A

8

9a

9 b

N.

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NA

N/A 12b

		I I Sa	14/	
0			Action	
13Ь	N/A			
13c	N/A			
	-	14a		Х
hedule O		14Ь	N/	Α

Governance. Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

	a 'No' response to line 8a, 8b, or 10b below, describe the circumsta Schedule O. See instructions.	nces, processes, or char		in	101			
	Check if Schedule O contains a response to any question in this Part VI				. x			
Sac	tion A. Governing Body and Management	·			· <u> </u>			
Sec	tion A. Governing body and management							
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a 5		Yes	No			
	Enter the number of voting members included in line 1a, above, who are independent	1b 0						
2	<u> </u>							
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under the direct supervision on?	3		х			
4	Did the organization make any significant changes to its governing documents		4		Х			
	since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organiza	tion's assets? .	5		х			
6	Does the organization have members or stockholders?		6		Х			
78	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		х			
ı	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions under the following:	ertaken during the year by						
í	The governing body?		8a	Х				
	b Each committee with authority to act on behalf of the governing body?							
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O								
Sec	tion B. Policies (This Section B requests information about policies not required by the In	ternal Revenue Code)	9		X			
	tion Division (This cooling Production and Product Policion Interroganica by the In	tornar neveriae edacij		Yes	No			
10:	Does the organization have local chapters, branches, or affiliates?		10a		Х			
ĺ	olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10ь	N/	A			
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11 a	X				
ı	Describe in Schedule O the process, if any, used by the organization to review this Form 990	0.		· · · · · ·				
12	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X				
ı	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b	х				
•	Does the organization regularly and consistently monitor and enforce compliance with the positive of the schedule O how this is done	olicy? If 'Yes,' describe in	12c	x				
13	Does the organization have a written whistleblower policy?	••	13	Х	_			
14	Does the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?						
i	a The organization's CEO, Executive Director, or top management official							
ı	Other officers of key employees of the organization		15b	X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	r arrangement with a	16a		Х			
	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization	n to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements? tion C. Disclosure	s to safeguard the	16b	N/	A			

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	Own website

- 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. 19
- 20

State the name, physical address	, and telephone number of the persor	who possesses the book	ks and records	of the organization [.]
►J. Russell Beekman	1325 Airmotive Way, Suite 175 R	enoNV	789502 _	(775) 329-3111

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
4 0	Abit Apple Family agreement and Apple Stated Donate and State and	

- 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.
- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee. (F) Position (check all that apply) Reportable Name and Title Average Reportable Estimated hours per compensation compensation amount of from from related week other

	(describe hours for related organizations in Schedule O)	vidual trustee director	tutional trustee	ficer	employee	nest compensated nployee	rmer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Thomas J. Brorby										
Trustee, Chairman		X	_		<u> </u>		<u> </u>	61,680	118,220	22,221
(2) Robert M. Wallace	**									
Trustee, President		X	<u> </u>	X	_		⊢	138,780	272,420	60,568
(3) Jarred W. Sloan	**							440.000		
Trustee, V.P., Treasurer		X	┝	X	_		├	113,080	298,120	60,636
(4) C.W. Wellen	**	x		х	İ	İ		400,000	057.000	44.004
Trustee, Vice President		-	\vdash	_	_	 	⊢	102,800	257,000	41,304
(5) Dudley R. Dobie, Jr. Trustee	*	$ _{x} $					1	64 690	449 220	4 047
(6) Andrew MacKenzie		1	-			-	┢	61,680	118,220	1,017
Vice President, Secretary	***			x			ł	o	o	0
(7) John Russell Beekman		 		^			\vdash			0
V. Pres, Asst. Treasurer	***			х				85,860	o	39,906
(8) Joan S. Dunlap							Τ	30,000		00,000
Assistant Secretary	**			х			١.	0	128,500	45,310
(9)										
* Works an average of 15 hours per week for							Į			
(10) Clayton Foundation for Research and its related										
group of supporting entities.										
(11)								-		
** Works an average of 40 hours per week for										
(12) Clayton Foundation for Research and its related										
group of supporting entities.							Ш			
(13)										
*** Works an average of 2 hours per week for the				_						
(14) Foundation and other Nevada based supporting										
entities of Clayton Foundation for Research				_			L.			
(15) **** Works an average of 40 hours per week for the		;								
(16) Foundation and other Nevada based supporting										
entities of Clayton Foundation for Research.										

Page 8

Part VIP Section A. Officers, Directors, Trus	tees, F	(ey	En	plo	ye	es,	an	d Highest Con	npensated Er	nployees (cont)
(A)	(B)		(c)					(D)	(E)	(F)
Name and title	Average Position (check all that appl			Reportable compensation from	Reportable compensation from	Estimated amount of other				
	per week (describe hours for related organi- zations in Sch O)	악	Inst	Officer	æ	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	compensation from the
	hours for related	rect	§	Ğ	employee	est o	ner	(11 2 1033 111100)	(11 2 1033 111100)	organization and related
	organi- zations	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	<u>a</u>		loye	E S				organizations
·	Sch O)	st	Institutional trustee		ľ	ens				
			*			ited				
	-	<u> </u>	<u> </u>	_	_	<u> </u>	_			
_(18)					ŀ					
40)					-					
(19)	-				İ					
(20)	 	-	-	-		-	-		-	-
_(<u>20)</u>	1									
(21)	 	-	-	-		 	-			
75.5	1									
(22)			-		\vdash	-				
	1									
(23)	1									
(24)										
	1									
(25)										
(26)	_									
				_		<u> </u>			· - · · · · · · · · · · · · · · · ·	
_(27)										
	ļ			_			ļ			
(28)										
	ļ				ļ	<u> </u>			<u> </u>	
<u>(29)</u>	-									
1 h Cub Assal		<u> </u>	<u> </u>		<u> </u>	<u> </u>	_			
1 b Sub-total c Total from continuation sheets to Part VII, Section A							-			
d Total (add lines 1b and 1c)	`						•	-		
2 Total number of individuals (including but not limited	to those	e list	ed :	ahov	(e) v	who	rece	eived more than \$	100 000 in report	able compensation
from the organization	10 11103	. 113	icu i	450	٠, ٠	*110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cived more than ϕ	100,000 111 10001	able compensation
		-		-						Yes No
3 Did the organization list any former officer, director	or truste	e k	ev e	mnl	ove	or e	hia	ihest compensated	l employee	100
on line 1a? If 'Yes,' complete Schedule J for such in	dıvidual	O ,	۰, ۰		٠, ٥,	J, U.	9	most companisate	· omployee	3 X
4 For any individual listed on line 1a, is the sum of reg	ortable	com	pen	satio	on a	nd d	othe	r compensation from	om	
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	an \$150	,000)? <i>It</i>	'Ye	s' co	отр	lete	Schedule J for		
										4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensa omplete	ition Sch	troi edui	m ar le J	iy ui tor s	nrei: such	ated 1 <i>pei</i>	l organization or ir rson	idividuał	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate	d indep	ende	ent c	ontr	acto	ors t	hat	received more that	n \$100,000 of	
compensation from the organization					•					
(A) Name and business addres	s							Description) of services	(C) Compensation
				<u></u>	-	41	11			<u> </u>
Callan Associates 101 California St., Suite 3500 Sa	n cran	UL S		CA		, 4 I	11	INVESTMENT MAI	agement Ser.	117,709.
										
· · · · · · · · · · · · · · · · · · ·										
	<u>_</u>								-	
2 Total number of independent contractors (including b	ut not li	mite	d to	tho	se li	ster	d ab	ove) who received	more than	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1									A Property of the Control of the Con

Pa	t VI	II Statement of Re	venue							
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1 a	Federated campaigns		1 a						•
ME	b	Membership dues		1 b						
S G	С	Fundraising events		1 c						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d	Related organizations		1 d						
		Government grants (contributi	ons)	1 e						
			·							
	ı	All other contributions, gifts, g similar amounts not included	grants, and above	16						
E 0		Noncash contributions include				_				
Se	_	Total. Add lines 1a-1f		'· ¥_		_				
		Totali Add ilites 18-11	•		Business Code					, ,
ENC	2a			F						```
Ē	_ b									
CE	-			 						
2	, ,				-					
S S	-			 			··			-
3RA	•	All other program service		<u></u> +						
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	e levellue	· L	 · · ·	•				
-				4 4 -	-1	$\dot{-}$				
	3	Investment income (incother similar amounts)	luding divi	dends,	interest and	•	2,329,652.			2,329,652.
	4	Income from investmen	t of tax-ex	empt b	ond proceeds	•				2,323,032.
	5	Royalties			p	•				
		,	(ı) Re	eal	(ii) Personal					
	6a	Gross Rents								
		Less: rental expenses				\neg	•			
		Rental income or (loss)				_				1
		Net rental income or (lo	L	-	·	•				ļ
		•	(ı) Secu	irities	(ii) Other					
Î	/a	Gross amount from sales of assets other than inventory	38,722		 ``	_	1		,	
			307.22	, 552.		_				1
	D	Less: cost or other basis and sales expenses	37,607	. 829.						ŀ
	c	· ·	1,114,			_]
		Net gain or (loss)		,,,,,,	1	_	1,114,753.			1,114,753.
						-	1,114,733.			1,114,755.
ä	Вa	Gross income from fund (not including \$	iraising ev	ents						
NE NE		of contributions reported	t on line 1	<u>c)</u>		l				
RE		See Part IV, line 18	2 011 11110 1	о). а						
OTHER REVENU	ь	Less: direct expenses		b		_				
6		Net income or (loss) fro	m fundras	_	<u> </u>	•				
		, ,		-		_		W-1.18 4		
	74	Gross income from gam See Part IV, line 19	ning activit	ies a						
		Less: direct expenses		ь						
		Net income or (loss) fro	m gaming	_	· · · · · · · · · · · · · · · · · · ·	▶	· · · · · · · · · · · · · · · · · · ·	·		
	iva	Gross sales of inventory and allowances	, iess reil	11115 a	i					
		Less. cost of goods sold		b						
		Net income or (loss) fro			·	┢				
		Miscellaneous Reven			Business Code			···		
	11 a							·		
	b									
	c					\dashv				
	d	All other revenue		-		\dashv		-		
		Total. Add lines 11a-11d	d	<u>'</u>		▶				
		Total revenue. See instr				•	3,444,405.		<u> </u>	3,444,405.

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Partix 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	niete column (A) but are			
	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	7,270,000.	7,270,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	623,229.	311,614.	311,615.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	84,010.	42,005.	42,005.	
7	Other salaries and wages .				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes	19,544.	9,772.	<u>9,77</u> 2.	
11	Fees for services (non-employees):				
a	Management				
k	Legal .	22,567.	11,284.	11,283.	
•	Accounting	15,400.		15,400.	
C	l Lobbying				
€	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	286,133.		286,133.	
ç	Other	8,414.		8,414.	<u> </u>
12	Advertising and promotion				
13	Office expenses	10,038.		10,038.	
14	Information technology				
15	Royalties				
16	Occupancy	20,580.		20,580.	
17	Travel .	12,802.	6,401.	6,401.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	119.		119.	
23	Insurance	129,667.		129,667.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
ě	Business meals	505.	252.	253.	
i	Retiree health plan accrual	7,514.	3,757.	3,757.	
•					
(J				
1	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,510,522.	7,655,085.	855,437.	
	Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2010)
BAA					Form 990 (201)

	ΩX	Balance Sheet					. <u></u>
جدد ا					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,387.	1	7,902.
	2	Savings and temporary cash investments			185,600.	2	85,022.
	3	Pledges and grants receivable, net				_3	
	4	Accounts receivable, net			504,800.	4	330,741.
	 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 					5	partition of all the contract
						6	
S	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges			121,141.	9	86,490.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,046.			
	Ь	Less: accumulated depreciation	10b	9,046.	119.	10 c	0.
		Investments - publicly traded securities	, , , , , , , , , , , , , , , , , , , ,	· · · · · ·	89,899,400.	11	91,666,610.
	12	Investments – other securities See Part IV, line 11			6,250,000.	12	6,250,000.
	13	Investments - program-related. See Part IV, line 11				13	-
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11 .				15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		96,971,447.	16	98,426,765.
	17	Accounts payable and accrued expenses			162,568.	17	185,724.
	18	Grants payable			713,750.	18	570,000.
	19	Deferred revenue				19	
L	20	Tax-exempt bond liabilities				20	
Ą	21	Escrow or custodial account liability. Complete Part I'	V of Schedule	D		21	
 	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	stees, key emp sons Complet	loyees, e Part II		22	
E S	23	Secured mortgages and notes payable to unrelated the	ird parties .			23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities. Complete Part X of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			876,318.	26	755,724.
Ř		Organizations that follow SFAS 117, check here ▶	X and com	olete lines			
Ť		27 through 29 and lines 33 and 34.				4.5.7	
Ş	27	Unrestricted net assets			-860,708.	27	715,204.
ASSETS	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		96,955,837.	29	96,955,837.	
Q R		Organizations that do not follow SFAS 117, check he	re 🟲 📙 ar	nd complete	The second second		
F DZD		lines 30 through 34.				1	
D	30	Capital stock or trust principal, or current funds				30	
B Ā	31	Paid-in or capital surplus, or land, building, or equipm				31	
BALAIC いっ	32	Retained earnings, endowment, accumulated income,	or other funds	i		32	
Ç	33	Total net assets or fund balances.			96,095,129.	33	97,671,041.
_s	34	Total liabilities and net assets/fund balances.			96,971,447.	34	98,426,765.

BAA

Form **990** (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

N/A

Form **990** (2010)

3Ь

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Publica a

Employer identification number

Fou	Foundation for Research 88-0234196													
Par	i li	Reas	on for Pu	blic Charity Status	s (All organizations	must o	comple	te this	part.)	See in	nstruct	ions.		
The o	orgai	nızatıon	is not a priv	ate foundation becaus	e it is (For lines 1 throu	gh 11, cl	neck onl	y one bo	ox)					-
1	\cap				ciation of churches descri									
2	Ħ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	Ħ				-					bY1YAY	iii). Ente	er the hosp	ıtal's	
•	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:													
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7		An orga	anızatıon tha ion 170(b)(1)	at normally receives a s XAXvi). (Complete Pa	substantial part of its sup rt (f.)	pport fro	m a gov	ernment	al unit o	r from t	he genei	ral public d	escribe	ed
8	\sqcup		•		70(b)(1)(A)(vi). (Complete		-							
9		from ac investri June 30	ctivities relat nent income 0, 1975. See	ed to its exempt function and unrelated busines exection 509(a)(2). (Co		exception 5	ns, and 11 tax) f	(2) no r from bus	nore tha sinesses	n 33-1/3 acquire	3% of its	support fr	om gro)SS
10	Ш		-	•	exclusively to test for put		-							
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
	_		ype l	b X Type II	c 📙 Type II		•	•			d 📙	Type III -	- Other	r
e	EX By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box						X							
g)	Since A	August 17, 2	006, has the organizat	ion accepted any gift or	contribu	ition fron	n any of	the follo	owing pe	ersons?			
													Yes	No
		(i) A	person who elow, the go	directly or indirectly overning body of the su	ontrols, either alone or t pported organization?	ogether	with per	sons des	scribed i	n (II) an	ıd (ııı)	11 g (i)		x_
		(ii) A	family men	nber of a person descri	bed in (i) above?							11 g (ii)	<u> </u>	X
		(iii) A	35% contro	lled entity of a person	described in (i) or (ii) at	ove?						11 g (iii)		X
	1	Provide	the following	ng information about th	e supported organization	n(s)								
		(i) Name orga	of supported anization	(ii) EiN	(lif) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	column (is the zation in in in in in in in in in in in in in	the organ	ou notify sization in n (i) of upport?	Cobin	s the ation in nn (i) ed in the S ?	(vil) Amou	nt of sup	port
						Yes	No	Yes	No	Yes	No			
<u>(A)</u>	Se	ee Par	rt IV											
<u>(B)</u>						<u> </u>								
<u>(C)</u>						<u> </u>								
<u>(D)</u>														
<u>(E)</u>				<u> </u>		ļ								
Tota	ı			* * * * * * * * * * * * * * * * * * * *					, , ,		,			

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

N/A

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				The state of the s		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	*					
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4.						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see inst	ructions)		•	12	
13	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
	Public support percentage for 20	• •	• •	e 11, column (f))		14	
	Public support percentage from 2	·	·			15	%_
1 6 a	33-1/3% support test — 2010. If the and stop here. The organization	the organization di qualifies as a pub	id not check the bo licly supported org	ox on line 13, and ganization	the fine 14 is 33-	1/3% or more, che	eck this box
b	33-1/3% support test — 2009. If and stop here. The organization	the organization di qualifies as a pub	id not check a box licly supported org	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, ch	neck this box ►
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test The organiza	test, check this b tion qualifies as a	ox and stop here. publicly supporte	Explain in Part IV d organization	how the
18	Private foundation. If the organiz	zation did not ched	ck a box on line 13	3, 16a, 16b, 17a, o			
BAA					Sc	neaule 🗚 (Form 9	90 or 990-EZ) 2010

Parkill Support Schedule for Organizations Described in Section 509(a)(2)

N/A

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

			<u>·</u>	•			
<u>Sec</u>	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
-	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				:		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		7 2 9 C				
Sec	tion B. Total Support		-				
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	· · · · ·					
11				:			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 i organization, check this box and	s for the organiza stop here	tion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul						
15				13, column (f))		15	8
	· · · · · -					16	8
16	Public support percentage from 2	2009 Schedule A. I					
				•			
Sec	tion D. Computation of Inv	estment Incor	ne Percentage		n (f))	17	
Sec	tion D. Computation of Inv Investment income percentage fo	estment Incor or 2010 (line 10c, c	ne Percentage column (f) divided	by line 13, colum	n (f))	17	8
Sec 17 18	tion D. Computation of Inv	estment Incor or 2010 (line 10c, o om 2009 Schedule the organization of	me Percentage column (f) divided e A, Part III, line 1 did not check the b	by line 13, colum 7 oox on line 14, and	d line 15 is more t	18 han 33-1/3%, and I	ક
Sec 17 18 19	Investment income percentage for investment income percentage for investment income percentage from 33-1/3% support tests – 2010. If	estment Incor or 2010 (line 10c, or om 2009 Schedule the organization of this box and stop the organization of	me Percentage column (f) divided e A, Part III, line 1 did not check the better. The organized did not check a boo	by line 13, colum 7 nox on line 14, and ation qualifies as x on line 14 or line	d line 15 is more t a publicly suppor e 19a. and line 16	han 33-1/3%, and I ted organization	% ine 17 ► □

Schedule A (Form 990 or 990-EZ) 2010 Foundation for Research 88-0234196 F

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

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

(i) Name of Supported Organization	(II)EIN	(iii) Type of organization (described on lines 1 -9 above or IRC section (see instructions)	((v) is the organization in col. (i) listed in your governing document?		organizatk	u notify the on in col (i) support?	(vi) ii organizatio organiza U S	en in col (i) ed in the	(vif) Amount of Support
			Yes	No	Yes	No	Yes	No	
layton Foundation For Research	74-1541787	4	Χ.	-	X .		X		2,675,000
lesearch Development Foundation	88-0234325	11b		Х	X.	-	X		4,025,000
Pregon Health Sciences University - Casey Eye Institute	93-1176109	6		X	X		×,		360,000
lorth Carolina State University	56-6000756	6.		X /	X		X .	-+	210,000
otal									7,270,000
					- -				
							-		
					. – – -				
					- -				
	. -								

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. 2010

Open to Publication

Employer identification number

Fou	indation for Research		88-0234196
		Advised Funds or Other Similar Fur	nds or Accounts. Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	N/A
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
Δ	Aggregate value at end of year		
_			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	o the organization's exclusive legal control?	∐ Yes
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.	ne benefit of the donor or donor advisor, or for	s can be any other Yes No
Rai	Conservation Easements. Compl	ete if the organization answered 'Yes	to Form 990, Part IV, line 7. N/A
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., re	ecreation or education)	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organizatio last day of the tax year	n held a qualified conservation contribution in t	he form of a conservation easement on the
		-	Held at the End of the Tax Year
á	Total number of conservation easements		2a
ı	Total acreage restricted by conservation easen	nents	2b
	Number of conservation easements on a certifi	ed historic structure included in (a) .	2c
•	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a histori	2d
3	Number of conservation easements modified, t	ransferred released extinguished or terminate	
ŭ	tax year	ransionou, rolousou, skinigulonou, sk torrimiati	ou by the digamentation during the
4	Number of states where property subject to cor	nservation easement is located >	
5	Does the organization have a written policy regard enforcement of the conservation easement	parding the periodic monitoring, inspection, han its lit holds?	dling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation easer	ments during the year
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conservation easement	s during the year
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	line 2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization repo 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 sscribes the organization's accounting for
Pá	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8. N/A
1 8	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, education, or resear-	ue statement and balance sheet works of ch in furtherance of public service, provide,
I	b If the organization elected, as permitted under historical treasures, or other similar assets hel- following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue s d for public exhibition, education, or research in	statement and balance sheet works of art, a furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	►\$
	(ii) Assets included in Form 990, Part X		* \$ * \$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 (ASC 958) relating to these items:	
	a Revenues included in Form 990, Part VIII, line		- \$
1	Assets included in Form 990, Part X		≻ \$

Schedule D (Form 990) 2010 Found	lation fo	r Res	earch			88-023			Page 2
Partill Organizations Mainta	ining Colle	ctions	of Art, Histor	rical	Treasures, or	Other Similar Ass	ets (c	ontinu	ied)
3 Using the organization's acquisition items (check all that apply):	on, accession,	and oth	ner records, check	k any	of the following t	hat are a significant use	e of its c	ollectio	n
a Public exhibition			d Loan or	r excl	nange programs				
b Scholarly research			e 🔲 Other				<u> </u>		
c .Preservation for future genera	ations								
4 Provide a description of the organ Part XIV							ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or reather than to b	eceive d e maint	lonations of art, h ained as part of t	nistor the or	ical treasures, or ganization's colle	other similar	☐ Yes	Γ	No
Parilly Escrow and Custodia 9, or reported an amo	l Arrangem	ents.	Complete if or	rgar	ization answe	red 'Yes' to Form S	90, Pa	art IV,	line N/A
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or othe	er intermediary fo	r con	tributions or other	r assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV an	d comp	lete the following	table	: :				
							Amoun	<u>t</u>	
c Beginning balance						1 c			
d Additions during the year	•			٠	•	1 d			
e Distributions during the year	• • •				•	1e			
f Ending balance				•		1f)			-
2a Did the organization include an a		n 990, F	art X, line 21?				∐ Yes	L	No
b If 'Yes,' explain the arrangement Endowment Funds. Co		ora	anization and	MORG	nd 'Vec' to For	m 000 Part IV June	2 10		
Endowment Funds. Co	(a) Current		(b) Prior year	WEIG	(c) Two years back			Four year	e back
1 a Beginning of year balance	96,955,		96, 955, 83	37	96, 955, 83		(6)	our year	3 Dack
b Contributions	30,333,	037.	30/333/03		30,333,03		1	`	
						7.337	-,		
 c Net investment earnings, gains, and losses 									
d Grants or scholarships									
 Other expenditures for facilities and programs 									
f Administrative expenses									
g End of year balance	96,955,			<u> 37. </u>	96,955,83	7.	<u> </u>		
Provide the estimated percentage		nd balaı	nce held as:						
a Board designated or quasi-endow		0	<u>.00</u> €						
b Permanent endowment ►	100.00 %								
c Term endowment	9 <u>00 </u> 8								
3a Are there endowment funds not in	n the possessi	on of th	e organization tha	at are	held and admini	stered for the	ſ		
organization by:							2-0	Yes	No
(i) unrelated organizations							3a(i)		X
(ii) related organizationsb If 'Yes' to 3a(ii), are the related organizations	raonizotione li	stad as	required on Saha	dula	D2		3a(ii) 3b	N	/A
4 Describe in Part XIV the intended	_		-				1 30 1		<u> </u>
Part VI Land, Buildings, and									
Description of investment			t or other basis		Cost or other	(c) Accumulated	(d)	Book va	alue
	·		vestment)		asis (other)	depreciation	(4)		
1 a Land									
b Buildings									
c Leasehold improvements									
d Equipment			9,046.			9,046.			0.
e Other									
Total. Add lines 1a through 1e (Column	n (d) must equ	al Form	990, Part X, colu	umn ((B), line 10(c))	<u> </u>			0.
BAA						Sche	dule D (F	orm 99	90) 2010

TEEA3302 12/20/10

Part VII	Investments-Other Securities. See Fo	orm 990, Part X, li	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financia	al derivatives			
(2) Closely	-held equity interests	6,250,000.	Cost	
(3) Other				<u></u>
		<u> </u>		
<u>(B)</u>				
(C)				· · · · · · · · · · · · · · · · · · ·
<u>(D)</u>				
<u>(E)</u>				
<u></u>				
<u>(G)</u>				
<u>(H)</u>				
_(I)	- 			
	nn (b) must equal Form 990 Part X, column (B) line 12)	6,250,000.		
Part VIII	Investments-Program Related. (See		T	N/A
	(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	ation.
(1)			Cost of end-of-year ma	inet value
(2)				
(3)				
(4)	•			
(5)				
(6)				
(7)				=
(8)				
(9)				<u></u>
(10)				
	n (b) must equal Form 990, Part X, column (B) line 13)			
	Other Assets. (See Form 990, Part X,	line 15)		N/A
		scription		(b) Book value
(1)	in the first	<u>.</u>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			-	
(9)				
(10)				
Total. (Col	umn (b) must equal Form 990, Part X, column(B)	, line 15)	<u> </u>	
Part X	Other Liabilities. (See Form 990, Part	X, line 25)		
	(a) Description of liability	(b) Amount		
(1) Feder	ral income taxes		0.	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colum	n (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>	0.	<u>.</u>
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of	of the footnote to the or	manization's financial statements that i	reports the

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 Foundation for Research		88-0234196	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Finance			
1	Total revenue (Form 990, Part VIII,column (A), line 12)			3,444,405.
2	Total expenses (Form 990, Part IX, column (A), line 25)			3,510,522.
3	Excess or (deficit) for the year Subtract line 2 from line 1		_:	,066,117.
4	Net unrealized gains (losses) on investments			5,649,615.
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)		<u> </u>	
9	Total adjustments (net). Add lines 4 through 8			5,649,615.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9		1,583,498.
	Reconciliation of Revenue per Audited Financial Statemen			
1	Total revenue, gains, and other support per audited financial statements			9,807,887.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains on investments	2a 6,649,61	5.	
	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c		
	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d		2e	5,649,615.
	Subtract line 2e from line 1	•		3,158,272.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		7 200 7 2 7 2 1
· ·	Investments expenses not included on Form 990, Part VIII, line 7b	4a 286,13	3	
	Other (Describe in Part XIV.)	4b	<u> </u>	
	Add lines 4a and 4b	45	4c	286,133.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			3,444,405.
Pa	Reconciliation of Expenses per Audited Financial Statement	nts With Expenses r	er Return	3/111/103.
1	Total expenses and losses per audited financial statements .			3,224,389.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			7,221,3031
_	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d		2e	
,	Subtract line 2e from line 1			3,224,389.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	3 (5,224,309.
4.	Investments expenses not included on Form 990, Part VIII, line 7b	4a 286,13	3	
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	286,133.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			3,510,522.
Pa	Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par	t III, lines 1a and 4, Part IV	, lines 1b and 2b	
Part	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lin	es 2d and 4b. Also comple	te this part to pro	vide
arry	additional information.			
		· 	-	
		. 		
BAA			Calcadata D	Form 000\ 2010

Schedule D (Form 990) 2010 Foundation for Research	88-0234196	Page 5
PartXIV Supplemental Information (continued)		
Part V, Line 4 _ The Board of Trustees of the Foundation has in	terpreted the	
Uniform Prudent Management of Institutional Fu	nds Act (UPMIFA)	
as requiring the preservation of the fair valu	e of the original	
donor contribution as of the contribution date	of the donor-	- -
restricted endowment funds. As a result of th	is interpretation	
the Foundation classifies as permanently restr	icted net assets	
the original value of the donated contribution	to the permanent	
endowment. Accordingly, only the income, incl	uding net realized	<u>i</u>
and unrealized gains, is to be used for the Fo		
activities, except where such assets must be d		
in order to maintain the Foundation's tax-exem	pt status.	
		- -
		_

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

1545-0047	10
OMB No	20

Inspection

Employer identification number

88-0234196

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

Attatch to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Paken General Information on Grants and Assistance Foundation for Research

ջ □ X Yes

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. range Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II can be duplicated if additional space is needed

יי מייים מייים מייים יייים	בס משפיייסש יו שמשוניסו ומו שמשכה וש ווככמה	200000	-				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Research Development Foundation 402 N. Division Street Carson City NV 89703	n 88-0234325	501(c) (3)	4,025,000.	0.	0. N/A	N/A	General Support
(2) Clayton Foundation for Research One Riverway, Suite 1500 Houston TX 77056	n 74-1541767	501(c) (3)	2, 675, 000.	0.1	N/A	N/A	General Support
(3) Oregon Health Sciences University 3181 SW Sam Jackson Park Portland OH 97201 93	lty 93-1176109	170(b)(1)(A)(V)	360,000.	0	N/A	N/A	Medical Research
(4) North Carolina State University	56-6000756	170(b)(1)(A)(V)	210,000.	0	0. N/A	N/A	Medical Research
(5)							
<u></u>							
ω							
Ø							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations				A .	4

Schedule I (Form 990) 2010

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

3 Enter total number of other organizations

Page 2 88-0234196

Foundation for Research

Schedule I (Form 990) 2010

Pert ||||

Schedule I (Form 990) 2010 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance **Parily** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. the year. Section 170(b) (h) (iii) and hospitals, medical and scientific schools and organizations _which_conduct_or_support_medical_or_scientific_research_described_in_Section_501(c)(3) The Foundation For Research is limited to supporting activities of the Clayton _annual budget_which is approved by the Foundation's Board at the beginning of <u>of the Internal Revenue Code and classified as other than private foundations</u> Research Development Foundation and Clayton Foundation For Research submit an under Sections 509(a)(1) or 509(a)(2) of the Code. The Foundation does not (e) Method of valuation (book, FMV, appraisal, other) Foundation for Research, a medical research organization described in (d) Amount of non-cash assistance make_any_grants_or_loans_to_individuals. (c) Amount of cash grant See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet) BAA (b) Number of recipients (a) Type of grant or assistance Pt_I Line 2 4 Ŋ 9

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

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

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Foundation for Research

Rank Questions Regarding Compensation

Employer identification number

88-0234196

				Yes	No
1 a	a Ci	heck the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part II, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	X	First-class or charter travel Housing allowance or residence for personal use	1	1	4
	F	Travel for companions Payments for business use of personal residence		× JAJ	
	F	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	F	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	X 54	180	
	_			Ŷ.	
		CHI I I I I I I I I I I I I I I I I I I			
	re re	any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or simbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b	Х	
2	D tr	id the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, ustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	x	
3	Ir C	idicate which, if any, of the following the organization uses to establish the compensation of the organization's EO/Executive Director. Check all that apply	the state of	;	
	X	Compensation committee X Written employment contract			
	X	Independent compensation consultant X Compensation survey or study		· ,	
	F	Form 990 of other organizations X Approval by the board or compensation committee	2	;	2.5
	_				
4		uring the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization rarelated organization:			
	a R	eceive a severance payment or change-of-control payment from the organization or a related organization?	4a		<u> </u>
1	b P	articipate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	cР	articipate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	lf	'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	O	nly section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		l	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	F	or persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation ontingent on the revenues of:			
	aТ	he organization?	5a		X
-	ЬΑ	ny related organization?	5b		X
	lf	'Yes' to line 5a or 5b, describe in Part III			12.20
6		or persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation ontingent on the net earnings of:			
	a T	he organization?	6a		X
	bА	ny related organization?	6b		X
	If	'Yes' to line 6a or 6b, describe in Part III.	37.	1	
7	F	or persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not escribed in lines 5 and 6? If 'Yes,' describe in Part III	7		x
			-		
8	ν.	Vere any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial ontract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		x
_					
9		'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations ection 53 4958-6(c)?	9	N/	<u>A</u>

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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 M	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	O Nontaxable	(E) Total of columba	(F) Componention
(A) Name		(i) Base compensation	(ii) Bonus & incertive compensation	(iii) Other reportable compensation	ompensation	benefits	(D)-())(B)	reported in prior Form 990 or Form 990-EZ
Thomas I Brothy Trustee Chairman	ε	61,680	O	О	0	0	61,680	000'09
1	≣	118,220	0	0	0	22,221	140,441	137,342
Robert M Wallace Trustee President	€	138,780	0	0	0	11,565	150,345	146,250
2	€	272,420	0	0	0	49,003	321,423	313,495
Jamed W Stoan, Trustee, V. P., Treasurer	ε	113,080	0	0	0	7,710	120,790	117,500
3	€	298,120	0	0	0	52,926	351,046	342,312
C.W. Wellen, Trustee, Vice President	€	102,800	0	0	o	6,168	108,968	127,613
4	≘	257,000	0	0	0	35,136	292,136	396,934
Dudley R. Dobie .lr Trustee	€	61,680	0	0	0	О	61,680	90,000
5 cared 1:: conc. 5::	€	118,220	0	0	0	1,017	119,237	116,017
	€	0	0	0	0	0	0	0
9	€	0		0	0	0	0	0
	ε	0	0	0	O	O	0	0
7	€	0	0	0	0	0	O	0
	€	0	0	0	0	0	0	0
80	€	0	0	0	0	0	0	0
	€	0	O	0	О	О	0	0
6	⊜	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
10	€	0	0	0	0	0	0	0
	3	0	0	0	0	0	0	0
11		0	0	0	0	0	0	0
	€ :	0	0	0	0	0	0	0
12		0	0	0	0	0	0	0
	€ :	0	0	0	0	О	0	0
2		0	0	0	0	0	0	0
	€ (0	0	0	0	0	0	0
14	€ 8	0	0	0	0	0	0	0
46	€ :	0	0	0	0	0	0	0
6	€ :	0	0	0	0	0	0	0
4	Ξ:	0	0	0	0	0	0	0
2	≣	О	0	0	0	0	0	0

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization					Employe	r identific	ation nu	mber		
Foundation for Research					88-0	23419	6			
Excess Benefit Transac Complete if the organization	ctions (sec answered 'Yes	tion 501(on Form	c)(3) and sectior 990, Part IV, line 25a	501(c)(4) or 25b, or Form	organization n 990-EZ, Pan	ns only t V, line	y). 40b.		N/A	
1 (a) Name of disqualified p	erson			(b) Description of t	ransaction				(c) Cor	rected
									Yes	No
(1)										<u></u>
(2)										
										
(4)										
(5)										
			-·							<u></u>
2 Enter the amount of tax imposed or section 4958	the organizat	tion manag	ers or disqualified pe	rsons during th	e year under	► \$	s			
3 Enter the amount of tax, if any, on i	ine 2, above,	reimbursed	by the organization			► \$	3			
Complete if the organization a	nswered 'Yes	on Form 9	(c) Original	Form 990-EZ,	· 	Ba.		proved	N/A (g) W	/ritten
	the org	janization?	principal amount				by box	ard or littee?	agree	ment
	То	From	<u> </u>		Ye	s No	Yes	No	Yes	No
(1)						<u> </u>	ļ			
(2)		 -	· - · · · · · · · · · · · · · · · · · ·				-			<u> </u>
						_				<u> </u>
(4)							igsquare			
										
(6)		4								
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(9)				<u> </u>						
_(10)		<u> </u>		<u> </u>						
Total .			<u> </u>	3		<u> </u>				
Grants or Assistance E Complete if the organiz	Benefitting atıon answ	Intereste ered 'Ye:	e d Persons. s' on Form 990, i	Part IV, line	27.				N/A	
(a) Name of interested person		(b) Relationsh	ip between interested perso the organization	n and	(c) Amo	ount and ty	pe of as	sistanc	e	
(1)									-	
(2)										
(3)					<u> </u>					
(4)										
(5)										
(6)										
(7)								_		
(8)										
(9)										
70)										

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

Schedule L (Form 990 or 990-EZ) 2010

(a) Name of interested person	(b) inte	Relationship betwe erested person and organization	en the	(c) Amount of transaction	(d	Description of transaction	(e) Sha organi rever	arıng i zatıon nues?
	ł	J			}		Yes	No
(1) Allison, MacKenzie, et.al.	See	schedule	0	31,153.	Legal	& Admin.Services		Х
(2) Brorby, Crozier & Dobie, P.C.				84,010.	Legal	Services		X
(3)							<u> </u>	Ĺ
(4)	<u> </u>				ļ		ļ	<u> </u>
(5)	<u> </u>				<u> </u>			<u> </u>
(6)	 			<u> </u>	 		<u> </u>	-
(7)					 		 	├
(8)	 				 		 	├
(10)	 				 		 	
Pant V Supplemental Information	<u> </u>			<u> </u>	<u> </u>		<u> </u>	<u>'</u>
Complete this part to provide addition	al info	rmation for res	pons	es to questions on Sch	edule L (se	ee instructions)		
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SCHEDULE O (Form 990)

Department of Die Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047

Name of the organization Foundation for Research

Employer identification number 88-0234196

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

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

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

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

Part III, Line 4a

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

Schedule	O (Form		

Name of the organization Foundation For Research

Part III, Line 4d: Other Program Services

In addition to the three grants described above, the Foundation funded one other medical research grant at North Carolina State University. Research plans and budgets for all research projects funded by grants are reviewed and approved on an annual basis by the Foundation's Board.

<u>Part VI, Section A, Line 2 – Business relationships between Officers, Directors and Trustees</u>

Schedule L, Part IV - Business transactions involving interested parties

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

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

Several written opinions have been obtained from well recognized independent accounting and consulting firms as to the reasonableness of the legal fees being paid to B,C&D by the Foundation. In addition, all steps listed in the regulations under IRC Section 4958 (including approval by a compensation committee composed of

Schedule O	(Form	990) 2	2010
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Name of the organization	Employer Identification Number
Foundation For Research	88-0234196

ng 3

disinterested persons) have been taken to obtain the rebuttable presumption that compensation paid to B,C&D is reasonable. More specifically, the Foundation periodically engages an independent consulting firm to review the legal fees paid to B,C&D. Such consulting firm examines the relevant facts and collects information and data from the Foundation and B,C&D. It also collects and analyzes compensation data from a peer group of comparable unrelated attorneys and law firms that it selects for comparability purposes. Such consulting firm then renders a written report and opinion containing its conclusions and recommendations. Such report (including a thorough description of the facts and the comparability analysis and data) is provided to the Foundation's Compensation Committee. Such committee, which has the sole authority to approve the compensation arrangement with B,C&D (including hourly rates), constitutes an authorized body composed of persons that do not have a conflict of interest with respect to such compensation arrangements under the rules and requirements set forth in Reg. 53.4958-6(c)(1). The committee meets and reviews the consulting firm's report and the comparability analysis and data. At the meeting, the committee has the opportunity to ask questions and request additional information from a Foundation representative on the committee (who recuses himself from the meeting before any action is taken). After review of the relevant documents and data and after deliberations, the independent committee members make the determination with respect to the amount and reasonableness of the compensation arrangement. Such determination is binding on B,C&D. Detailed minutes of each Compensation Committee meeting are contemporaneously prepared and maintained in the Foundation's files.

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

Form 990 is prepared by the Foundation's accounting staff and sent to the Brorby, Crozier & Dobie law firm for review by a tax partner. Each trustee is also given a copy of the return for review. The return is then presented by the Treasurer at a board meeting of the trustees prior to filing. During such presentation 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 Foundation For Research 88-0234196

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

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

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

Schedule O (Form 990) 2010	pg. 5
Name of the organization	Employer Identification Number
Coundation For Possarch	99 0224106

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

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

 Describe the process in Schedule O

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

Schedule O (Form 990) 2010	pg. 6
Name of the organization	Employer Identification Number
Foundation For Research	88-0234196

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.

Part XI, Ln. 5 - Other changes in net assets or fund balances

Net unrealized capital gain \$6,649,615

Post retirement related changes other than periodic cost (7,586)

\$6,642,029

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2010

OMB No 1545-0047

Open to Public Inspection

(f)
Direct controlling
entity Employer identification number 88-0234196 (e) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) **(d)** Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of disregarded entity Foundation for Research Name of the organization මු প্র €, Ξ ල

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

6

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512(b)(13) controlled entity?	b)(13)
						Yes	2
(1) Clayton Foundation for Reserch 74-1541767 Conduct Med One Riverway, Suite 1500, Houston TX 77056 Research	Conduct Medical Research	TX	501 (c) 3	Line 4	N/A		×
(2) Clayton Foundation Company 74-6035675 Title Holding One Riverway, Suite 1500, Houston TX 77056 Company	Title Holding Company	TX	501 (c) 2	N/A	Clayton Foundation for Research	×	
(3) Clayton Medical Research Foundation, Inc. 51-0306704 Medical 402 N. Division Street, Carson City NV 89703 Research	Medical Research	DE	501 (c) 3	Line 11, Type 2 N/A	N/A		×
(4) Clayton Land Holding Co. Inc. 74-2073575 Title Holding 402 N. Division Street. Carson City NV 89703 Company	Title Holding Company	c,	501 (c) 2	N/A	Clayton Medical Research Foundation	×	}
(5) Research Development Foundation 88-0234325 Technology 402 N. Division Street, Carson City NV 89703 Transfer	Technology Transfer	NV	501 (c) 3	Line 11, Type 2 N/A	N/A	_	×
(6) Institut Clayton de la Recherche Medical Case Postale 745, Geneva, SZ Researc	Medical Research	ZS	Exempt Swiss Charity	Line 11, Type 2 (if U S entity)	N/A		×
<u>М</u>							

Schedule R (Form 990) 2010

TEEA5001 12/22/10

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

Page 2

88-0234196

Schedule R (Form 990) 2010 Foundation for Research

Bartill. Identification of Related Organizations Taxable as a Partnership (Complete if 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.)

(a)	(a)	ated orga	(d)	eu as a partifier	(a) (b) (c) (d) (d) (e) (d) (e) (d) (e)	lax year.)	3	E		3
Ę.	ctivity	Legal domicile	Legal Direct domicile controlling entity	Predominant income (related.	Share of total	Share of end-of-vear	Dispropor- tionate	Code V-UBI	General or	Percentage ownership
		(state or	·	unrelated, excluded		assets	allocations	20 of Schedule		•
		country)		sections 512-514)			Yes No	1	Yes No	
					•					
				-						
				_			_		_	

Partity Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Co d organizations	rporation or Tr	ust (Complete or toporation or	of the organizations	ation answered 'Ye tax year.)	is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	art IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(b) (c) (d) Type of entity (c) (d) Type of entity (c) (e) (f) (f) (f) (g) (g) (f) (f) (f) (g) (g) (f) (f) (f) (g) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(h) Percentage ownership
(1) Foundation Services, Inc.							
402 N. Division Street	Holding		N/N			•	
	Company	NV	W /W	ບ	0.	0.	0.00
(2) Clayton Biotechnologies, Inc.		-	Foundation				
			Services				
	Technology		· nc				
Houston, TX 77056	Transfer	NV		Ü	0.	0.	0.00
(3) See Continuation Sheet for Schedule R. Part IV							
			•				

Schedule R (Form 990) 2010

TEEA5002 12/07/10

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88-0234196

Continuation Page 1 of 1

Schedule R Cont (Form 990) 2010 Foundation for Research

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

)						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(C) Legal domicile (state or foreign Direct controlling country)	Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
William Clayton, Jr. Trust	Charitable Remainder Trust TX	ΤX	N/A	E	0	0	Remainder only
Julie Davis Clayton Trust 74-6085161 One Riverway, Suite 1500 One River	1	TX	N/A	H	0.	0.	Remainder only
1 1 1 1							
	:	TEEA5104 01/25/11	1/25/11			Schedule R Cont (Form 990) 2010	m 990) 2010

accounting dept. Schedule R (Form 990) 2010 Page 3 (d)
Method of determining amount involved Allocation by Transferred Transferred Sash Mmount Cash amount Yes 12.0 × × E 9 9 **+** = 9 1 = 88-0234196 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Part V. Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.) 4,025,000. 120,438. 2,675,000. (c) Amount involved During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b)
Transaction type (a-r) 0 TEEA5003 12/23/10 : : . Lease of facilities, equipment, or other assets from other organization(s).... : m Sharing of facilities, equipment, mailing lists, or other assets Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a)
Name of other organization d Loans or loan guarantees to or for other organization(s). . . . Schedule R (Form 990) 2010 Foundation for Research Other transfer of cash or property from other organization(s) Loans or loan guarantees by other organization(s). p Reimbursement paid by other organization for expenses. Reimbursement paid to other organization for expenses (1) Research Development Foundation (2) Clayton Foundation For Research (3) Clayton Foundation for Research Sale of assets to other organization(s). Sharing of paid employees Exchange of assets

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Schedule R (Form 990) 2010 Foundation for Research

N/APart Aby Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.) Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(b) It is a control of the all o	Are all partners section 501(c)(3) organizations?	's Share of end-of-year assets	Disproportionate	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	al or ging
			Yes No		Yes No	,	Yes	N _o
(1)								
(Z)								
					-			
(E)								
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(4)								
(5)								
<u></u> <u>(9)</u>								
	•							
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(8)								
				-			_	
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Schedule R	(Form 990) 2010	Foundation	for Research		88-0234196	Page 5
ParteVII	Supplementa	I Information	for Research			
	Complete this (see instruction	part to providens).	e additional informat	ion for responses to	questions on Schedule R	
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