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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)

2011

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

\overline{A}	For the 2	011 calend	lar year, or ta	x year beg	inning		, 20)11, and	endir	<u></u>			,		<u> </u>
	Check if app				undation	for Re		•			D Employ	er Ident	bfication Nu	mber	
		s change	Doing Busine							1	88-	0234	196		
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	Termina		City, town or		_		St	ate ZIP co	ode + 4			<u>, </u>			
	-		Carson C	itv			N	W 897	703		G Gross r	eceipts	\$8,311	.496	
	=	tion pending	F Name and a		pal officer					H(a) Is this				Yes	ΧN
			Robert M. Wall	•		Same as	C above			H(b) Are all			ŀ	Yes	N
	Tax-exem		x 501(c)(3)	501(c) (<u>'</u>)◀ (i	nsert no.)	4947(a)(1) or	527	If 'No,'	attach a list	(see in	structions) -	_	_
		e: ► N /.		1 301(0)		113011 110.)	[4547(u)(1	/ 01 1.	JL1	H(c) Group	avamntian n	ımber I	-		
<u>,</u> К		rganization	X Corporation	Trust	Association	Other ►		I Vans of	Farma	tion 1989			legal domici	lo NT7	
-		Summar		, must	ASSOCIATION	Outer		L Tear of	Forma	uon 196.	<u> </u>	state or	iegai domici	ie MV	
Га				zation's mis	ssion or most	cianificant	activities	Pound	lati	on for	Posos	rah	iaa		
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Activities & Governance			ntific re			n cocar	71151160	- 20 20	a P P c	7 7 TIE	<u> </u>			·	
nai	_==	<u> </u>	-22-2-2												
λe	2 Che	eck this bo	x ► if th	e organizat	ion discontinu	ed its oper	ations or d	lisposed	of m	ore than 2	5% of its		ssets		
ŏ					erning body (3			
e B	4 Nur	mber of in	dependent vo	ting membe	ers of the gov	erning body	(Part VI,	line 1b)				4			
ij					ın calendar y	ear 2011 (F	Part V, line	2a)				5			
듅	l		of volunteers									_6			
⋖					n Part VIII, co							7a			0
_	b Net	unrelated	business tax	able incom	e from Form	990-1 <u>, line</u>	34					7 b			0
		_1		5- 4 V/III - L.	厂、 自医	CEIVE	<u>U</u>			P	rior Year		Cur	rent Ye	:ar
<u>o</u>			and grants (I				12 250								
Revenue	9 Pro	ogram serv	rice revenue (Part VIII, II	ne ∠gy ∠A) = Špoc kā ji	<u>ዴሑ</u> ጳሽ	12 121			<u> </u>	444	0 F		024	400
ě	11 0+	vestment income (Part VIII, column (A) fines 3 14, and 70 012 log her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11es				\ <u>3</u>	,444,4	105.	4.	,034,	408				
_	11 Ou	otal revenue — add lines 8 through 11 (must-equal Rant VIII, commin (A), line 12)					2)	-	,444,4	Λ.Ε.	1	,034,	400		
											,270,0			, 810,	
			and similar amounts paid (Part IX, column (A), lines 1.3)								,2/0,0	00.		, 610 <u>,</u>	033
	l	=		-	ree benefits (f	•	umn (A) lu	nos 5 10	11		726,7			689,	220
9	ĺ		•		•		umm (A), m	1162 2-10	''		120,1	63.		003,	343
Expenses	1		=		, column (A),								. Mar.	4 25 44	.d
ž	b Tot	al fundrais	sing expenses	(Part IX, o	column (D), lir	ne 25) 🟲 _					*		198	<u>. * हेर्दे छ</u>	<u></u>
ш	17 Oth	ner expens	es (Part IX, d	olumn (A),	lines 11a-11d	I, 11f-24e)					513,7	39.		581,	998
	18 Tot	al expense	es Add lines	13-17 (mus	st equal Part I	X, column	(A), line 25	5).		8	,510,5	22.	8,	,081,	420
	19 Rev	venue less	expenses S	ubtract line	18 from line	12				5	,066,1	.17.	-4	,047,	012
b 8										Beginnin	ng of Curre	nt Y <u>e</u> ar	En	d of Ye	ar
g g			(Part X, line 1	•						98	,426,7	65.	85	,886,	869
₹6	21 Tot	al liabilitie	s (Part X, line	e 26)							755,7	<u> 24.</u>		790,	158
ŽĘ	22 Net	t assets or	fund balance	s Subtract	line 21 from	line 20				97	,671,0	41.	85	,096,	711
Pa	it II	Signatur	e Block			_					-				
				examined this i	eturn, including a	companying so	chedules and s	tatements.	and to	the best of m	ny knowledae	and be	tief, it is true	, correct.	and
com	piete Declar	ation of prepa	rer (other than off	icer) is based	all information	of which prepar	er has any kno	owledge							
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Sig	gn	Signatu	re of officer	R'i	rest 1	NM	all	oce		. Pe	とリン		, 201		
He	re	Robe	ert M. Wa	11ace	Presi	dent				V				_	_
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 // 2 \	the IRS	discuss th	is return with	the prepar	er shown abo	ve? (see in	structions)	-	_		1 - HOHE HO		☐ Ye		No
			leduction Act	-		<u>`</u>							1 16		0 (201

		23413	<u> </u>		aye z
Par	rt III 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 pri	or \Box		$\overline{}$	
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported	measure grants a	d by e and all	expen ocatio	ses ons to
48	a (Code) (Expenses \$ 4,450,000. including grants of \$ 4,450,000.) (Revenue See Schedule O)
		-			
				- -	
	<u></u>				
	See Form 990, Page 2, Part III, Line 4a (continued)				
41	b (Code:) (Expenses \$1,950,000. Including grants of \$1,950,000.) (Revenue 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).				
		····			
4	c (Code) (Expenses \$ 360,000. including grants of \$ 360,000.) (Revenue	\$)
	The Gene and Protein Therapy grant to Oregon Health & Science Univers				
	focuses on inappropriate cell division and cell death within the human	n body	·		
	Much of the work is devoted to intraocular angiogenesis, with particular	lar			
	attention to: 1) the signals that control this process, 2) the develop	pment	of		
	animal models of human ocular disease, and 3) development of potentia				
	therapies. Patent applications have been filed by RDF on several dis		ies		
	arising out of this research. Licensing efforts by RDF have resulted				
	license to a commercial company that is interested in rights to this				
	technology in order to bring a product to the market for the treatmen				
	of macular degeneration.				
4	d Other program services (Describe in Schedule O)				
_	(Expenses \$ 416,388. including grants of \$ 50,093.) (Revenue \$)	
4	e Total program service expenses ► 7,176,388.	-			

Form 990 (2011) Foundation for Research

Park W 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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, 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_		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, VIII, IX, or X as applicable.			
а	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŧ	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	11b	Х	
c	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		Х
C	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	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
f	f 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	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	
t	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
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		_X
20 :	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
t	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь	N/	Α

Form 990 (2011) Foundation for Research

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	<u>x</u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		<u>x</u> _
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	N/	
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	N/	<u>A</u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ŧ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(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	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
i	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	35b	N/	A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
3AA		Form	990	(2011)

<u>Paı</u>	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				
	STOCK TO GOTCUARD & CONTAINS A TESPONSO TO ATTY QUESTION THE WHO THAT Y			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 8			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	x	
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4			
ı	of at least one is reported on line 2a, did the organization file all required federal employment	' 	2b	х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	Г			
3:	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		X
	of 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	ļ	3b	N	
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a lancial account)?	4a		х
ŀ	of If 'Yes,' enter the name of the foreign country	,		$\neg \neg$	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fil	nancial Accounts.		ώ):	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte		5b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с	N	 'A
	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a		x
Ł	of If 'Yes,' did the organization include with every solicitation an express statement that such coincit tax deductible?	ntributions or gifts were	6b	N/	
7	Organizations that may receive deductible contributions under section 170(c).				
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and passervices provided to the payor?	artly for goods and	7a		X
	of Yes,' did the organization notify the donor of the value of the goods or services provided?	ľ	7b	N/A	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for where Form 8282?	ich it was required to file	7с		х
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d N/A			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to	penefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization as required?		7g	N/A	1
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form $1098-C$?	organization file a	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year?	g organizations. Did the ave excess business	8_	N/A	
9	Sponsoring organizations maintaining donor advised funds.				
ä	Did the organization make any taxable distributions under section 4966?		9a	N/A	
ı	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b	N/A	<u> </u>
10	Section 501(c)(7) organizations. Enter.				
ä	Initiation fees and capital contributions included on Part VIII, line 12	10a N/A		ra k ^a	
l	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A			
11	Section 501(c)(12) organizations. Enter				
ä	Gross income from members or shareholders	11a N/A			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b N/A			
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12 a	N/A	1
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			 	ļ
ā	Is the organization licensed to issue qualified health plans in more than one state?		13a	N/A	1
	Note. See the instructions for additional information the organization must report on Schedule	e O		J	
	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	13b N/A			
	Enter the amount of reserves on hand	13c N/A			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	ļ.,	X
1	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14b	N/A	<i>‡</i>

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 0 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? See Schedule O Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or other persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? **b** Each committee with authority to act on behalf of the governing body? 8Ь X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10a Did the organization have local chapters, branches, or affiliates? X b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their N/ Α 10ъ operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Х 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 15 a Х **b** Other officers of key employees of the organization 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the N/A organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization Russell Beekman 1325 Airmotive Way, Suite 175 Reno NV 89502 (775) 329-3111

Form 990 (2011)										88-02341	96 Page 7
Part VII	Compensation of Officers, Dire		es, K	еу	Em	ıplo	yees	s, F	lighest Comp	ensated	
•	Employees, and Independent C Check if Schedule O contains a re		v aue	estic	n i	n th	is Pa	art \	/11		
Section A.	Officers, Directors, Trustees, Key B										
	this table for all persons required to be								· · · · · · · · · · · · · · · · · · ·	na with or within	the
organization's		, notou: report	00111p	0110	-			ou.	oridar your oridi	ng mar or main	
of compensa List all List the who received organization	of the organization's current officers, of tion. Enter -0- in columns (D), (E), and of the organization's current key emple organization's five current highest colling reportable compensation (Box 5 of Found any related organizations.	(F) if no comper loyees, if any. Sompensated emporm W-2 and/or	ensati See in ploye Box 7	on v stru es (7 of	vas ctio oth For	pai ns f er th m 1	d for de nan a 099-l	finit n of VIS	ion of "key emp ficer, director, tr C) of more than	loyee " rustee, or key er \$100,000 from	nployee) the
	of the organization's former officers, keeportable compensation from the organization								a employees wr	to received mor	e tnan
 List all 	of the organization's former directors more than \$10,000 of reportable comp	or trustees tha	at rec	eive	ed, i	n th	e cap	aci			e of the
List persons i	n the following order: individual trustee I employees; and former such persons	es or directors, i	institu	ition	al t	rust	ees; (offic	ers; key employ	rees, highest	
Check th	is box if neither the organization nor ar	ny related organ	nizatio	on c	om	pen	sated	an	y current officer,	director, or trus	tee
	(A) Name and Title	(B) Average hours per week	box,	unles er an	Pos neck ss pe	rson	than on the state of the state	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Thoma		*	х						62,600	120,000	23,609
(2) Robert	M Wallace	**	X		x				140,852	276,516	
(3) Jarred			 ^-		广				140,632	270,510	62,436
	President, Treasurer	**	X		х				114,764	302,604	62,544
	R Dobie, Jr.								•	, , , , , , , , , , , , , , , , , , ,	
Trustee		*	X						62,600	120,000	1,017
(5) C.W.\ Trustee, Vice		**	l		ļ				04.404	000 070	21.510
(6) Andrev			X		Х	Н			94,184	220,272	34,713
Vice Presider		***			х				0	О	0
	ussell Beekman nt, Assistant Treasurer	***			х				87,144	0	40,017
(8) Joan S Assistant Sec		**			х				0	130,452	46,991
	an average of 15 hours per week for										
	dation for Research and its related									·	
	of supporting entities.										
	n average of 40 hours per week for Foundation for Research and its related		 	_	_						
group of supp	porting entities.		ļ								
	ks an average of 2 hours per week for										
	n and other Nevada based supporting			-		\vdash					
	of Clayton Foundation for Research n average of 40 hours per week for the										

(14) Foundation and other Nevada based supporting entities of Clayton Foundation for Research.

Part VII Section A. Officers, Directors, Trusto (A) Name and title	(B) Average hours	(do box, offic	not ch unles	Pos heck ss pe	ition more rson i	than o s both r/trust	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	am	(F) Estimated ount of other pensation	l her
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	0	from the rganizatio and relate ganization	on ed
(15)												
(16)												
(17)(17)												-
(18)										-		
(19)												
(20)												
(21)												
(22)												
(23)												
(24)											·	
(25)												
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	`			•		•	* * *					
 Total number of individuals (including but not limited from the organization ≥ 2 	to thos	se lis	ted a	abo	ve) v	vho	rece	eived more than \$	100,000 of reporta	ble com	pensatı	on
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc.	or trust dividua	ee, k I	ey e	empl	loye	e, or	hig	hest compensated	employee	3	Yes	No X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$15	con 0,00	npen 0? <i>II</i>	isatı f 'Ye	on a	nd o	thei lete	r compensation fro Schedule J for	om	4	X	
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens mplete	atior Sch	n froi nedu	m ai le J	ny u for :	nrela such	ated <i>per</i>	organization or ir	idividual	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inde	end	ent o	cont	racto	ors t	hat	received more tha	n \$100,000 of			
compensation from the organization. Report compen		for th	ne ca	alen	dar	year	enc	(B)		(C)	
Name and business address	<u> </u>							Description	or services	Comp	ensatio	H1
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►		lımıt	ed to	tho	se I	ıstec	d ab	ove) who received	more than	·· ·· ·		

Par	t VIII Statement of Revenue				
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
2.8	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1 b				
300	c Fundraising events 1c	_			
F A	d Related organizations 1d				
S,G	e Government grants (contributions)	_	;		
5 K	f All other contributions outs grants and				
필됩	f All other contributions, gifts, grants, and similar amounts not included above	_			
Ž Š	g Noncash contributions included in lns 1a-1f: \$				
8₹	h Total. Add lines 1a-1f	>			
IUE.	Business Code				
PROGRAM SERVICE REVENUE	2a				
Ž.	c		· · · · · · · · · · · · · · · · · · ·		
S	d				
RA!	f All other program service revenue				
80	· ·	>			
_	3 Investment income (including dividends, interest and	2,691,199.			2,691,199.
1	4 Income from investment of tax-exempt bond proceeds I	-			
	5 Royalties	-			
	(i) Real (ii) Personal	_	, , ,		
	6a Gross rents		(°)	,	
	b Less rental expenses	_			
	c Rental income or (loss)		<u></u>		-
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
İ	assets other than inventory 5,620,297.	_			
	b Less: cost or other basis				
	and sales expenses 4,277,088.	-			
	c Gain or (loss) 1,343,209.	1,343,209.			1,343,209.
	u Net gain of (1033)	1,343,209.			1,343,209.
ENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
OTHER REVENU	See Part IV, line 18			i i	
Æ	b Less direct expenses b				
Ģ	c Net income or (loss) from fundraising events	>			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	<u> </u>			
	10a Gross sales of inventory, less returns and allowances a	_	,		
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	<u> </u>			
	Miscellaneous Revenue Business Code			ļ. <u></u>	
	11 a	- 			
	b		<u> </u>		
	°	 	 		
	d All other revenue	•			
	e Total. Add lines 11a-11d	<u> </u>			4 024 400
	12 Total revenue. See instructions	4,034,408.	<u> </u>	<u> </u>	4,034,408.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	sponse to any question	in this Part IX		
Do 1 6b, .	net 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 United States See Part IV, line 21.	6,810,093.	6,810,093.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			•	
5	Compensation of current officers, directors, trustees, and key employees	621,600.	310,800.	310,800.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	48,669.	24,335.	24,334.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,060.	9,530.	9,530.	
11	Fees for services (non-employees):				
a	Management				
t	Legal	23,768.	11,884.	11,884.	
(Accounting	16,000.	· · · · · · · · · · · · · · · · · · ·	16,000.	
(1 Lobbying				
6	Professional fundraising services See Part IV, line 17		*, *	100 Car. 12	
f	Investment management fees	355,670.		355,670.	
ç	Other	8,414.		8,414.	·
12	Advertising and promotion				
13	Office expenses	8,241.		8,241.	
14	Information technology .				
15	Royalties .		·		
16	Occupancy	20,580.		20,580.	
17	Travel	11,108.	5,554.	5,554.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest				
21	Ī				
22	Depreciation, depletion, and amortization				
	Insurance	129,833.	- · · · · · · · · · · · · · · · · · · ·	129,833.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,			
á	Business_meals	653.	327.	326.	
ł	Retiree health plan accrual	7,731.	3,865.	3,866.	
•					
	All other expenses				
	All other expenses	9 001 420	7 176 200	905 030	
26	Total functional expenses. Add lines 1 through 24e	8,081,420.	7,176,388.	905,032.	
40	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► if following SOP 98-2 (ASC 958-720)				
	30F 30-2 (M30 338-720)				

Pa	<u>rt X</u>	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash — non-interest-bearing			7,902.	1	10,744.	
	2	Savings and temporary cash investments		[85,022.	2	269,162.	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			330,741.	4	339,183.	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trust	ees, key employees, hedule L		5		
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntar organizations (see instructions)	ed unde ibuting y empl	er section 4958(f)(1)), employers and oyees' beneficiary		6		
ASSETS	7	Notes and loans receivable, net				7		
S E	8	Inventories for sale or use .				8		
S	9	Prepaid expenses and deferred charges			86,490.	9	89,035.	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	9,046.	<u></u>			
	ь	Less: accumulated depreciation .	10b	9,046.	0.	10 c	0.	
	11	Investments – publicly traded securities .			91,666,610.	11	85,178,745.	
	12	Investments – other securities. See Part IV, line 11			6,250,000.	12	03/1/0//40/	
	13	Investments – program-related See Part IV, line 11			0,200,000.	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)	· · ·	98,426,765.	16	85,886,869	
	17	Accounts payable and accrued expenses	 		185,724.	17	220,158.	
	18	Grants payable .		570,000.	18	570,000.		
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19	•			
Ļ	20	Tax-exempt bond liabilities		. [, <u></u>	20		
A B	21	Escrow or custodial account liability. Complete Part I'	V of Sc	hedule D . [21	-	
B - L - +	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	stees, k sons. C	ey employees, Complete Part II		22	7	
į	23	Secured mortgages and notes payable to unrelated th	ırd nari	ies '		23		
Ë			•	-		24		
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	•	<u>`</u>	0.	25	0.	
	26	Total liabilities. Add lines 17 through 25		.	755,724.	26	790,158	
Й		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines				
E T		27 through 29 and lines 33 and 34.	_	-				
A S	27	Unrestricted net assets		ļ	715,204.	27	-11,859,126.	
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 ►	and complete				
		lines 30 through 34.						
DZC	30	Capital stock or trust principal, or current funds	=					
	31	Paid-in or capital surplus, or land, building, or equipm	nd . T		30 31			
Ĺ	32	Retained earnings, endowment, accumulated income,		F		32		
BALAZCES	33	Total net assets or fund balances			97,671,041.	33	85,096,711.	
Ē	34	Total liabilities and net assets/fund balances			98,426,765.	34	85,886,869.	

BAA

Form **990** (2011)

Form 990 (2	UII) Foundation for Research 88	-0234196		Pa	ge 12			
Part XI	Reconciliation of Net Assets			-				
	Check if Schedule O contains a response to any question in this Part XI				X			
•	evenue (must equal Part VIII, column (A), line 12)		4,03					
2 Total	expenses (must equal Part IX, column (A), line 25)		8,08		_			
3 Rever	3 Revenue less expenses. Subtract line 2 from line 1							
4 Net as	sets or fund balances at beginning of year (must equal Part X, line 33, column (A)).		7,67					
5 Other	changes in net assets or fund balances (explain in Schedule O)	5 -	8 <u>,52</u>	7,3	<u> 18.</u>			
6 Net as	sets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	6 8	5,09	6,7	11.			
Part XII	Financial Statements and Reporting			-				
	Check if Schedule O contains a response to any question in this Part XII				\Box			
				Yes	No			
1 Accou	nting method used to prepare the Form 990 🔲 Cash 🔃 X Accrual 🔲 Other				1			
	organization changed its method of accounting from a prior year or checked 'Other,' explain edule O.							
2a Were	he organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>			
b Were	he organization's financial statements audited by an independent accountant?		2b	_X				
reviev	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the compilation of its financial statements and selection of an independent accountant?	he audit,	2c	х				
ın Sch	edule O	i			- 1			
	to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued basis, or both:	ed on a						
X	Separate basis Consolidated basis Both consolidated and separate basis							
	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the $^{\circ}$ Act and OMB Circular A-133?	Single	3a		<u> </u>			
b If 'Yes or aud	, did the organization undergo the required audit or audits? If the organization did not undergo the requits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3 b	N/	A			
BAA			Form	990 (2011)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2011

Employer identification number Foundation for Research 88-0234196 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 **b** X Type II С Type III — Functionally integrated Type III - Other e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, X check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) X A family member of a person described in (i) above? 11 g (ii) X A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) X Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in column (i) of (iv) Is the (vi) Is the (vii) Amount of support organization organization in column (i) listed in rganization in column (i) organized in the your governing document? your support? Yes No Yes No No See Part IV (B) (C) (D) **(E)**

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

Part II 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.)

Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to 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	_							
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	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	ities, etc (see inst	tructions)			<u> 1</u>	2		
	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))			4 %		
15	Public support percentage from 2	2010 Schedule A,	Part II, line 14			[_1	5 %		
	16a 33-1/3% support test − 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
ł	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see in	structions		

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

(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)

Sect	tion A. Public Support				***************************************	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Calend	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants ')		,				
2	Gross receipts from admissions, 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						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		,				
Sec	tion B. Total Support		•				
Calend	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	, ,					
10 a	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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						,
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	s for the organiza	ation's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul						
	Public support percentage for 20			e 13, column (f))		15	8
	Public support percentage from 2	· · · · ·	•			16	8
	tion D. Computation of Inv			e			
17	Investment income percentage for				mn (fl)	17	
18	Investment income percentage for	•	• •	-	(///	18	<u> </u>
	33-1/3% support tests – 2011. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, ar	nd line 15 is more s	than 33-1/3%, and	
t	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	the organization	did not check a bo	ox on line 14 or lii	ne 19a, and line 16	s is more than 33-1.	/3%, and ► □
20	Private foundation. If the organiz	•	•	-	• •		▶

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))	in col (i) la	organization sted in your document?	organizatio	u notify the on in col (i) support?	organizatio	s the on in col (i) in the US?	(vif) Amount of Support
			Yes	No	Yes	No	Yes	No	
Clayton Foundation For Research	74-1541767	4	X	-	×	-	Х		1,950,000
Research Development Foundation	88-0234325	11b		Х	Х		X		4,450,000
Oregon Health Sciences University - Casey Eye Institute	93-1176109	6		Х	X		Х		360,000
North Carolina State University	56-6000756	6		X	×		×		210,000
/anderbilt University	62-0476822	2		X	X	 	×	 	-159,907
Total									6,810,093
							- -		·
			- -	 	 		- -		
								- -	
							- -		
								- -	
							- - -		
							- -		
			-	- -					
							 - -		·

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

For	undation for Research		88-0234196	
Pai	rt 🏿 Organizations Maintaining Donoi	Advised Funds or Other Similar Fun	ids 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 acco	ounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don- funds are the organization's property, subject to	or advisors in writing that the assets held in dor of the organization's exclusive legal control?	nor advised Yes	No No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits the conferring impermissible private benefits the conferring impermissible private.	s, and donor advisors in writing that grant funds ne benefit of the donor or donor advisor, or for a fit?	s can be any other	☐ No
Pai	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) Preservation	of an historically important land a	rea
	Protection of natural habitat	Preservation of	of a certified historic structure	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t	he form of a conservation easeme	ent on the
	and the same tank you.		Held at the End of th	e Tax Year
i	Total number of conservation easements		2a	
	Total acreage restricted by conservation easen	nents	2b	
	Number of conservation easements on a certification		2c	
		` '		
•	Number of conservation easements included in structure listed in the National Register		<u>2</u> d	
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or terminate	ed by the organization during the	
4	Number of states where property subject to co	nservation easement is located 🟲 🔃		
5	Does the organization have a written policy regard enforcement of the conservation easement	garding the periodic monitoring, inspection, han ts it holds?	dling of violations, Yes	No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation easer	ments during the year	
7	Amount of expenses incurred in monitoring, in \$	specting, and enforcing conservation easement	s during the year	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	ction Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and of the organization's financial statements that de	expense statement, and balance scribes the organization's accoun	sheet, and ting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r Other Similar Assets.	 N/A
1.	If the organization elected, as permitted under			
16	art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, education, or resear	ch in furtherance of public service	e, provide,
ł	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue s ld for public exhibition, education, or research in	statement and balance sheet work n furtherance of public service, pro	s of art, ovide 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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 (ASC 958) relating to these items		
ā	Revenues included in Form 990, Part VIII, line		► \$	
	Assets included in Form 990, Part X		► \$	

Schedule D (Form 990) 2011 Found				88-0234		Page 2		
Part III Organizations Mainta	ining Collections	of Art, Histor	<u>ical Treasures, o</u>	Other Similar Ass	ets (contini	ued)		
3 Using the organization's acquisiti items (check all that apply)	on, accession, and o	ther records, ched	ck any of the following	that are a significant u	se of its colle	ction		
a Public exhibition		d \square Loan or	exchange programs					
b Scholarly research		e Other	overrende bredianne					
c Preservation for future gener	ations	• 🗀 •						
4 Provide a description of the orga Part XIV		and explain how	they further the organ	iization's exempt purpos	e in			
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive	donations of art,	historical treasures, of the organization's co	or other similar	☐ Yes [□No		
Part IV Escrow and Custodia								
line 9, or reported an	amount on Form	990, Part X, II	ne 21.		,	N/A		
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or ot	her intermediary f	or contributions or oth	ner assets not	Yes			
b If 'Yes,' explain the arrangement	ın Part XIV and com	plete the followin	g table:	'	_ '	_		
		•			Amount			
c Beginning balance				1c				
d Additions during the year				1d				
e Distributions during the year				1e				
f Ending balance				1f				
2a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes	No		
b If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co	implete if the org	anization answ	vered 'Yes' to For	m 990, Part IV, line	10.			
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four year	irs back		
1 a Beginning of year balance	96,955,837.	96,955,83	7. 96,955,83	7. 96,955,837.				
b Contributions								
c Net investment earnings, gains, and losses						29.0		
d Grants or scholarships					š			
 Other expenditures for facilities and programs 								
f Administrative expenses					3 %	*** .		
g End of year balance	96,955,837.							
2 Provide the estimated percentage		end balance (line	1g, column (a)) held	as.				
a Board designated or quasi-endov		0.00 %						
b Permanent endowment ►	100.00%							
c Temporarily restricted endowmer								
The percentages in lines 2a, 2b,	and 2c should equal	100%						
3a Are there endowment funds not	in the possession of	the organization t	hat are held and admi	nistered for the		Τ		
organization by					Yes	No		
(i) unrelated organizations					3a(i)	X		
(ii) related organizations b If 'Yes' to 3a(ii), are the related of	araanizationa listad s	s required as Cab	adula D2		3a(ii) N/	<u> </u>		
4 Describe in Part XIV the intended	=	•			30 11/	4		
Part VI Land, Buildings, and				·				
Description of property		st or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	value		
		nvestment)	basis (other)	depreciation		- alue		
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment]	9,046.		9,046.		0.		
e Other					· · · · · · · · · · · · · · · · · · ·			
Total. Add lines 1a through 1e. (Colum	nn (d) must equal Fo	rm 990, Part X, co	olumn (B), line 10(c))			0.		
BAA				Sched	dule D (Form 9) 90) 2011		

88-0234196

Page 3

Sche	edule D (Form 990) 2011 Foundation for Research	88-0234	196 Pag	<u>je 4</u>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Totał revenue (Form 990, Part VIII, column (A), line 12)		4,034,40	8.
2	Total expenses (Form 990, Part IX, column (A), line 25)		8,081,42	0.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-4,047,01	2.
4	Net unrealized gains (losses) on investments		-8,496,03	6.
5	Donated services and use of facilities			
6	Investment expenses	L		
7	Prior period adjustments			
8	Other (Describe in Part XIV)	L		
9	Total adjustments (net) Add lines 4 through 8	L	-8,496,03	6.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<u> </u>	-12,543,04	8.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements	1	-4,817,29	<u>8.</u>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	4 #b		
	Net unrealized gains on investments 2a -8,496,0	<u>36.</u>		
	Donated services and use of facilities 2b			
	Recoveries of prior year grants	2		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e	-8,496,03	
3	Subtract line 2e from line 1	3	3,678,73	<u>8.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	<u>/0. </u>		
	Other (Describe in Part XIV)		255 67	^
	Add lines 4a and 4b	4c	355,67	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		4,034,40	8.
	Total expenses and losses per audited financial statements	per Keturi 1	7,725,75	<u></u>
1	Amounts included on line 1 but not on Form 990, Part IX, line 25	***	1,123,13	<u>.</u>
	Donated services and use of facilities 23	444		
	Prior year adjustments 2b	——		
	Other losses 2c			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3	7,725,75	0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·~xyj		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 355, 6	570.		
	Other (Describe in Part XIV)	-33		
	Add lines 4a and 4b	4c	355,67	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		8,081,42	0.
	t XIV Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compadditional information	lete this part	to provide	
	, 			~ _

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

BAA

Schedule D (Form 990) 2011 Foundation for Research Part XIV Supplemental Information (continued)	88-0234196	Page 5
Part V, Line 4 The Board of Trustees of the Foundation has inte	erpreted the	
Uniform Prudent Management of Institutional Fund		
as requiring the preservation of the fair value	of the original	
donor contribution as of the contribution date of	of_the_donor	
restricted endowment funds. As a result of this	interpretation _	
the Foundation classifies as permanently restric	ted net assets	
the original value of the donated contribution t	o the permanent	
endowment. Accordingly, only the income, includi	ing net realized	
and realized gains, is to be used for the Founda	ation's	
activities, except where such assets must be dis	stributed	
in order to maintain the Foundation's tax-exempt	status.	
		

SCHEDULE I

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

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

► Attatch to Form 990.

OMB No 1545-0047 201

Open to Public Inspection

Employer identification number 88-0234196

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?

Part্যাঞ্জ General Information on Grants and Assistance

Foundation for Research

Department of the Treasury Internal Revenue Service Name of the organization

2 □ 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. Partills 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

Porti 330, Fart IV, lille 21 for any recipient that received more than \$5,000. Check this 50x if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	iorariy recipierii f additional space	inat received in s is needed	Ore triail 40,000.	וופכע נוווא מסע וו יוס			★ 2,000.
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)	4,450,000.	0.	N/A	N/A	General Support
(2)Clayton Foundation for Research One Riverway, Suite 1500 Houston TX 77056	74-1541767	501(c)(3)	1,950,000.	0.	N/A	N/A	General Support
(3) Oregon Health Sciences University 3181 SW Sam Jackson Park Portland OH 97201	ty 93-1176109	170(b)(1)(a)(V)	360,000.	0.	N/A	N/A	Medical Research
(4)North Carolina State University Box 7214 Raleigh NC 27695	95-6000756	170(b)(1)(a)(v)	210,000.	0.	N/A	N/A	Medical Research
(5)							
(6)							
<u>ω</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organization	(3) and government c	organizations listed in	is listed in the line 1 table				4

Schedule I (Form 990) (2011)

06/01/11

TEEA3901

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

3 Enter total number of other organizations listed in the line 1 table

0

Page 2 Schedule I (Form 990) (2011) Foundation for Research

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients		(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ന						
4						
5						
9						
7						
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line Pt_I_Line_2The_Foundation_For_Research_is_limited_to_supporting_activities	Information. Complete this part to p The Foundation For Research	t to provide the info	information in the state of the	ation required in Par gupporting activ	2, 2,	and any other additional information.
Foundatic	Foundation for Research,	a medical	research	research organization described in	lescribed in	
Section	$- ext{Section}_1 ilde{1} ilde{0}\underline{(b)}\underline{(A)}\underline{(iii)}$	nd hospitals,	B. medical	al and scientific	schools_	and organizations
oo_doidh	which conduct or support medical		gcienti	or scientific research described in		Section 501(c)(3)
of the I	of the Internal Revenue Code	and	assified	as other than	classified as other than private foundations	
Ser zepūn Sec	_under_Sections_509(a)(1)_or	l l	509 (a) (2) of the Code.		The Foundation does not	
make any	make any grants or loans to	to individuals.	<u>als </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Research	Jevelopment Fo	ndation and	Clayton		submit	
d Launa	udget which is a	pproved by (the Found	lation's Board	_annual_budget_which_is_approved_by_the_Foundation's Board_at_the_beginning_of_the_year.	of the year.

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

Schedule I (Form 990) (2011)

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

The hospitals and medical and scientific schools submit a budget request to the Board of 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 Once As the needs arise during the year these two entities submit requests during the year for the approved grant amounts. Trustees which is reviewed each year. If these budgets are for ongoing grants the grantee also includes a report on the progress of their research. make on-site visits to the research institutions.

SCHEDULE J (Form 990)

Compensation Information

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

2011

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number 88-0234196 Foundation for Research
Part I Questions Regarding Compensation

			Yes	No
1:	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ı	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III			
	X Compensation committee X Written employment contract	\$×\$*		*
	X Independent compensation consultant X Compensation survey or study		,	
	Form 990 of other organizations X Approval by the board or compensation committee		,	٠,
				1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization.	.4%;		
i	a Receive a severance payment or change-of-control payment?	4a		X
ı	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		_X
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1 2	. ,	4
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	*		<i>#</i>
	a The organization?	5a		X
I	b Any related organization?	5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III	,		#
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
	a The organization?	6a	<u> </u>	X
1	b Any related organization?	6b		X
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	N,	A

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Schedule J (Form 990) 2011

Page 2

Foundation for Research

Schedule J (Form 990) 2011

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Section A, line 1a, applicable column (D) and (E) amounts for that individual Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note. The sum of columns (B)(I)—(III) for each listed individual must equal the	listed	individual must equal t	vidual must equal the total amount of Form 990, Part VII.		tion A, line 1a, applic	Section A, line 1a, applicable column (D) and (E) amounts for that individua	(E) amounts for that	Individual
		(a) Dicandowii oi		oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(ı) Base	(ii) Bonus & incentive	(iii) Other	other deferred	benefits	(B)(ı)-(D)	reported as deferred in
		compensation	compensation	compensation				
+	Ξ	62,600	0	0	0	0	62,600	
1 Inomas J Brorby, Irustee, Chairman	(ii)	120,000	0	0	0	23,609	143,609	0
Doboco M. Weller T. Conference	ε	140,852	0	0	O	11,738		
2 Nobelt ivi Wallace, Hustee, President	(ii)	276,516	0	0	0	50,698		0
Presented W Stone Trustee V.D. Treasurer	(i)	114,764	0	O	o	7,825		
3 Jailed W. Sloan, Hustee, V.F., Heasurer	Ξ	302,604	0	0	0	54,719	357,323	
Original Property	(E)	62,600	0	0	0	0	62,600	0
4 Dudiey R. Dobie, Jr., Hustee	(ii)	120,000	0	0	0	1,017	121,017	0
M Weller Truck Col. V	Θ	94,184	0	0	0	4,738	98,922	0
5 V Velicit, Hustee, vice Flesidelit	<u>(E</u>	220,272		0	0	29,975	250,247	0
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	Œ	130,452	0	0	0	46,991	177,443	0
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Schedule J (Form 990) 2011

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2011

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.

Open to Public Inspection

Name of the o	organization		Employer identification number										
Founda	tion for Research					88	3-023	419	6				
Part I	Excess Benefit Transactions Complete if the organization answe)b	N/A		
_	(-) No descended assess				(h) Danasiakaa						(c) Corr	rected?	
1	(a) Name of disqualified person				(b) Description	oi transaction					Yes	No	
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sect	er the amount of tax imposed on the clion 4958	-				ng the year	under	► ş		·			
	er the amount of tax, if any, on line 2,				•			▶ \$					
Part II	Loans to and/or From Intere				Form 000 F	7 Dort V 1	no 20o				N/A	ı	
(a)	Complete if the organization answere	1	to or from	(c) Original		Z, Parl V, II		lefault?	(f) App	roved			
(-)	The second person and perpose	the orga	anization?	principal amount	(5) 55	31100 000	(-,	, oldan	by boo	ard or	(g) Waagreer	ment?	
		То	From				Yes	No	Yes	No	Yes	No	
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(10)													
Total				▶ \$						A		\$	
Part III	Grants or Assistance Benef	_			- "								
	Complete if the organization answer	ed 'Yes'	on Form	990, Part IV, line 27.							N/A	N/A	
	(a) Name of interested person	'	(b) Relation	ship between interested person the organization	and	(c) Amoun	t and ty	pe of as	sistance	ce		
(1)		_											
(2)													
(3)													
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

(a) Name of interested person	(b) inte	Relationship between rested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	ring o zation's
•		огданіzation				Yes	No
(1) Allison, MacKenzie, et.al.	See	schedule O	34,519.	Legal	& Admin. Services		x
(2) Brorby, Crozier & Dobie, P.C.	_	schedule 0			Services		х
(3)							
(4)							
(5)		-					
(6)	ļ						
(7)		 				_	
(8)							
(10)	 					-	
Part V Supplemental Information	<u>. </u>		1			<u> </u>	
Complete this part to provide additional	l infor	mation for respons	ses to questions on Sched	lule L (se	e 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 Open to Public Inspection

Name of the organization Foundation for Research

Employer identification number 88-0234196

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

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

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

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

Part III, Line 4a

Research Development Foundation ("RDF") is another supporting organization to the Clayton Foundation for Research ("Clayton"). The organization grants funds to RDF for its general support. RDF uses such funds in carrying out the secondary mission of Clayton (i.e., to advance medical and scientific research through the transfer of technology from the laboratory to public use by obtaining patents and licenses and administering patents arising out of discoveries made pursuant to research conducted or sponsored by Clayton and its supporting organizations.) RDF's current patent portfolio contains approximately 200 patent applications and issued patents on discoveries that have been made in the course of the various research projects that have been conducted by Clayton or funded by the organization and another supporting entity of Clayton over the years. RDF has entered into numerous licenses of such discoveries to pharmaceutical and startup companies, and six of such discoveries have already led to products that have been brought to market by the licensee and are benefiting mankind.

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

Part III, Line 4d: Other Program Services

In addition to the three grants described above, the Foundation funded 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. During 2011, \$159,907 of unused funds from a completed project at Vanderbilt University were returned to the Foundation to be used for grants elsewhere.

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

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

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

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

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

pg. 4	
er Identification Number	

Schedule O (Form 990) 2011	pg. 4
Name of the organization	Employer Identification Numl
Foundation For Research	88-0234196

the Internal Revenue Service, and the return is signed and dated by the appropriate officer of the Foundation

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) 2011	pg. 5
Name of the organization	Employer Identification Number
Foundation For Research	88-0234196

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 or 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) 2011	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 loss \$(8,496,036)

Post retirement related changes other than periodic cost ____(31,282)

\$(8,527,318)

SCHEDULE R (Form 990)

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.

▶ See separate instructions.

OMB No 1545-0047	2011	Open to Public
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Employer identification number

88-0234196

FOUNDATION FOR RESEARCH Department of the Treasury internal Revenue Service Name of the organization

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

(a) Name, address, and EIN of disregarded entity	Prima	(b) Primary activity Lega	(c) Legal domicule (state or foreign country)	(d) Total income End	(e) End-of-year assets Dır	(f) Direct controlling enlity	Bu
(1)				0	C		
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(9)							
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.)	ations (Complete if the ring the tax year)	ne organization a	nswered "Yes" to	Form 990, Part I'	V, line 34 becaus	e it had	
(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	(e) Z G 至 字	(b)(13) ed
(1) Clayton Foundation for Research 74-1541767 One Riverway, Suite 1500, Houston TX 77056	Conduct medical research	×	501(c)3	Line 4	A/N	Sel	g ×
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. 51-0306704	Medical Research	DE	501(c)3	Line II. Type 2	Ψ/Z		×
	Title Holding Corporation	CA	501(c)2		Clayton Medical Research	×	
Jon 88-0234325 JV 89703	Technology transfer	, VN	501(c)3	II, Type 2	roundation inc		×
(6) Institut Clayton de la Recherche Case Postale 284, 1211 Geneva 4, Switzerland	Medical research	H	Exempt Swiss charity	Line II, type 2 (if US entity)	N/A		, ×
- 30							

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

Schedule R (Form 990) 2011

Page 2

Schedule R (Form 990) 2011

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.)

Share of total Share of end-of- lailed, Sh	2000	חברמת של היומת חוום חוו היומנים ומתיוד היומנים היומנים היומנים היומנים היומנים היומנים היומנים היומנים היומנים		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, ;	3		3
Country Coun	(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controllin			(f) re of total		(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of	General or managing	Percentage ownership
	of related organization		(state or foreign country)	eunch	unrelated unrelated excluded fre tax under						partner?	
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Identification of Related Organizations Taxable as IV, line 34 because it had one or more related organizations IV, line 34 because it had one or more related organization IV, line 34 because it had one organization IV, line 34 because it had one organization IV, line 34 because it had one organiz	7						0	0			0	%
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Identification of Related Organizations Taxable as IV, line 34 because it had one or more related organization street address, and ElN of related organization Foundation Services, Inc. 88-0374369 IN. Division Street, Carson City NV 89703 Clayton Biotechnologies, Inc. 76-0377287 Riverway, Suite 1520, Houston TX 77056 Street, Olayton Trust 74-6085161 Street, Clayton Trust 74-6085161							C	0)	0	%
Comparison Com		ation of Related	1 Organi:	zations Tax	able as a Corporgable to corporate to corporate the corporate to corporate the corporate to corporate the corporate to corporate the corporate	oration or Tru	ust (Complet	te if the organizations the	ation answe tax year)	red "Yes" to For	m 990, Part	}
Foundation Services, Inc. 88-0374369 N. Division Street, Carson City NV 89703 N. Division Street, Carson City NV 89703 N. Division Street, Carson City NV 89703 Clayton Biotechnologies, Inc. 76-0377287 Services Inc. 77056 William Clayton, Jr. Trust 74-6085129 Riverway, Suite 1500, Houston TX 77056 Julie Davis Clayton Trust 74-6085161 Services Inc. 77056 Trust Trust Tx N/A	Name, addre	(a) ss, and EIN of related o	rganızatıon		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
Clayton Biotechnologies, Inc. 76-0377287 Riverway, Suite 1520, Houston TX 77056 Riverway, Suite 1500, Houston TX 77056	Foundation Service	25, Inc. 88-0374369	9		lolding company	2	N/A	U		0	0	0 %
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Julie Davis Clayton Trust 74-6085161 Remainder TX N/A Trust TX N/A	William Clayton, Jr.	Trust 74-608512	9.7056		Charitable Remainder Frust	×	A/A	⊢		0	0	Remainder only %
	Julie Davis Clayton	Trust 74-6085161	7056		Charitable Remainder Frust	Ĭ.	N/A	⊥		0	0	Remainder only %
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anizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
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Note	Complete line 1 if any entity is listed in Dads II III or IV of this schedule				Voc	2
-	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?	ions listed in Parts II–IV	۰		3	2
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.			1a		×
Q	Gift, grant, or capital contribution to related organization(s)			1b	×	
ပ	Gift, grant, or capital contribution from related organization(s)			10		×
ס	Loans or loan guarantees to or for related organization(s)	•		19		×
Ð	Loans or loan guarantees by related organization(s)			1e		×
4-	Sale of assets to related organization(s)			1	*.	<u> </u>
0	Purchase of assets from related organization(s).			10		×
ے ہ	Exchange of assets with related organization (s)		•	÷		×
· -	Lease of facilities, equipment, or other assets to related organization(s)			Ę		×
				144.	1.1	
-	Lease of facilities, equipment, or other assets from related organization(s)	•		=		×
¥	Performance of services or membership or fundraising solicitations for related organization(s)	•		¥		\times
_	Performance of services or membership or fundraising solicitations by related organization(s)	٠		=		\times
Ε	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Ę		×
c	Sharing of paid employees with related organization(s)		•	4		×
0	Reimbursement paid to related organization(s) for expenses			9	×	,
<u>a</u>	Reimbursement paid by related organization(s) for expenses			1p		$ \times $
ī				, 5	•	- }
5 1	Other transfer of each or property from related organization(s)	•		2 +		{ ×
- ~	Other transfer of cash of property from related organization(s). 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.	covered relationships	nd transa	action #	resho	ds.
•		9	_		1	
	(a) Name of other organization I ransaction I ype (a-r)	on Amount involved		(u) Method of determining amount involved	thod of determin amount involved	guin P
(1) N/A						
(2)						
<u>(3)</u>						
(4)						
(5)						
(9)		··· ·			!	
		-	Schedule R (Form 990) 2011	e R (For	(066 m	2011

88-0234196

Unrelated Organizations Taxable as a Partnership (Complete if 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) (b) (c) (d) (e) (f) (g) (g) (g) Name, address, and EIN of entity Primary activity Legal domicile Predominant Are all partners Share of Share of Area of Share of	(b) Prmary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	artners	(f) Share of		(h) Disproportionate allocations?	(I) (Code V—UBI	(j) General or managing	(k) Percentage ownership
		(state of loreign country)	unrelated, excluded from tax under	org.)(3) Itions?					partner?	5
			section 512-514)	Yes	S S			Yes No		Yes No	
(1)						0	0		0		%
(2)						0	0		0		%
(3)						0	0		0		%
(4)						0	0		0		%
(5)						0	0		0		%
(9)					L	0	0		0		%
(7)						0	0		0		%
(8)						0	0		0		%
(6)						0	0		0		%
(10)						0	0		0		%
(11)						0 ,	0		0		%
(12)						0	0		0		,
(13)						0	0		0		%
(14)						0	0		0	0	%
(15)						0	0			0	%
(16)						0	0			0	%

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Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Sche instructions).	dule R (see	
N/A			