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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department of the Treasury Interfal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Α | For the 2013 o | alendar year, or tax year beginning , 2013, and end | ding | | , | | | | | | |
|-------------------------|------------------------|---|-----------------|---------------------------------------|----------------|----------------|---|--------------|--|--|--|
| В | Check if applicable | C Name of organization Foundation for Research | | D Employ | er Identi | fication Num | ber | | | | |
| | Address chang | Doing Business As | ı | 88-0234196 | | | | | | | |
| | Name change | Number and street (or P O box if mail is not delivered to street address) Roo | om/suite | E Telepho | ne numb | er | | | | | |
| | Initial return | 402 N. Division St. | | (77 | 5) 68 | 87-024 | 5 | | | | |
| | Terminated | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | |
| | Amended retur | Carson City NV 8970: | 3 | G Gross r | eceipts S | \$ 31,686 | , 852 | | | | |
| | Application per | - | H(a) Is this a | group return | for subo | rdinates? | Yes | ΧN | | | |
| | | Robert M. Wallace Same as C above | H(b) Are all s | subordinates | included? | } | Yes | □ \ | | | |
| ı | Tax-exempt sta | | IT NO, 1 | attach a list (| see instru | ictions) | | | | | |
| J | Website: ► | N/A | H(c) Group | exemption nu | mber - | | | | | | |
| ĸ | Form of organiza | | | | | gal domicile | NV | | | | |
| Pa | rt I Sum | mary | | · | - | - | | | | | |
| | | | ion for | Resea | rch . | is a | | | | | |
| e | chari | table non-profit corporation established to supp | port med | lical | | - | | | | | |
| Activities & Governance | | cientific research. | | | | | | | | | |
| i. | | | | | | | | | | | |
| O. | | s box If the organization discontinued its operations or disposed of more | | | | | | | | | |
| S | | of voting members of the governing body (Part VI, line 1a) | | | 3 | | | | | | |
| Si | | of independent voting members of the governing body (Part VI, line 1b) | | | 4 | | | | | | |
| λij | | ber of individuals employed in calendar year 2013 (Part V, line 2a) | | | 5 6 | | | | | | |
| 듕 | | ber of volunteers (estimate if necessary) | | | 7a | | | | | | |
| ٩ | | ated business taxable income from Form 990-T, line 34 | | | 7b | | | 0 | | | |
| _ | b Net unite | ateu business taxable income nomi orni oso-1, inic o4 | | rior Year | | Curre | ant V | | | | |
| | 8 Contribu | ons and grants (Part VIII, line 1h) | | 1101 Teal | | Ourie | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Jai | | | |
| Revenue | 9 Program | ons and grants (Part VIII, line 1h) | | | | | | | | | |
| Ven | 10 Investme | at income (Part VIII column (A) lines 3 A and 7d) | - II / | ,592,5 | 97 | 7. | 237 | , 335 | | | |
| æ | | | | 100210 | ,,,,, | | | , 555 | | | |
| | 12 Total rev | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (100, 100) (20) (40) (20) (40) (40) (40) (40) (40) (40) (40) (4 | | ,592,5 | 97. | 7. | 237 | , 335 | | | |
| | | | | 6,842,500. | | | | ,500 | | | |
| | | paid to or for members (Part IX, column (A), line 4) OGDEN, UT. | | 0,042,500. | | | 33, | , 500 | | | |
| | | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 728,692. | | | 717 | ,588 | | | |
| es | | | <u> </u> | 720,0 | ,,,,, | | 111 | , 500 | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | |
| ង្គ | | draising expenses (Part IX, column (D), line 25) | | | | | | | | | |
| _ | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | · · · · · · · · · · · · · · · · · · · | | | | <u>,243</u> | | | |
| | 18 Total exp | enses Add lines 13-17 (must equal Part IX, column (A), line 25) | 8 | ,190,6 | 85. | 6, | <u>613</u> | <u>,</u> 331 | | | |
| | 19 Revenue | less expenses Subtract line 18 from line 12 | - 3 | ,598,0 | 88. | | | <u>,004</u> | | | |
| inco | | | | ng of Curre | | | of Ye | | | | |
| Assets 1 Baland | | ets (Part X, line 16) | 94 | ,409,5 | 14. | 116, | | | | | |
| Pat A | 21 Total liat | lities (Part X, line 26) | • • | 9 <u>84,</u> 2 | 242. | | 746 | <u>,122</u> | | | |
| ZĽ | 22 Net asse | s or fund balances. Subtract line 21 from line 20 | 93 | ,425,2 | 272. | 115, | 886 | ,540 | | | |
| Pa | rt II Sign | ature Block | | | | | | | | | |
| Unde | er penalties of perjur | I declare that I have examined this return, including accompanying schedules and statements, and to the | best of my know | ledge and be | lief, it is tr | ue, correct, a | nd | | | | |
| comp | Diete Declaration of | reparer (other than officer) is based on all information of which preparer has any knowledge | | | -/- | | | | | | |
| | . | Almed W. Xlran | | <u>י ערס</u> | <u>7/2</u> | <u>014</u> | | | | | |
| Siç | yn ´ Š | grature of officer | Da | ite | • | | | | | | |
| He | | erred W Sloan | Vice | Presi | <u>dent</u> | | | | | | |
| | | rpe or print name and title | | ···- | | DT111 | | | | | |
| | Print/ | ype preparer's name Preparer's signature Date | | Check | ıf | PTIN | | | | | |
| Pa | id 🗀 | | | self-employ | ed | | | | | | |
| Pre | eparer Firm's | name Non-Paid Preparer | | | | | | | | | |
| Us | e Only Firm | address | | Firm's EIN | <u> </u> | _ | | | | | |
| _ | | | | Phone no | | | | | | | |
| May | the IRS discu | s this return with the preparer shown above? (see instructions) | | | | . Yes | ; | No | | | |
| | | | TEEA0101 11/0 | 8/13 | | Fori | n 99 0 | (2013 | | | |
| | - | · | | | | | | / | | | |
| | | | | | | | | | | | |

| Par | | Statement of Program Service Accomplishments | |
|-----|-------------|---|--------------|
| | | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 ; | - | y describe the organization's mission | |
| | <u>See</u> | Schedule O | |
| • | | · | |
| | | | |
| | | | |
| 2 | | ne organization undertake any significant program services during the year which were not listed on the prior | |
| | | 990 or 990-EZ? Yes X | No |
| | | s,' describe these new services on Schedule O | |
| 3 | Did th | ne organization cease conducting, or make significant changes in how it conducts, any program services? 📗 Yes 🛛 🗓 | No |
| | | s,' describe these changes on Schedule O | |
| 4 | Descr | ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to | |
| | others | s, the total expenses, and revenue, if any, for each program service reported | |
| | | | |
| 12 | (Code | e) (Expenses \$ 3,555,000. including grants of \$ 3,555,000.) (Revenue \$ | |
| 40 | - | | |
| | <u> 266</u> | Schedule O | |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | - - |
| | See F | Form 990, Page 2, Part III, Line 4a (continued) | |
| | | | |
| 4 b | (Code | |) |
| | | ndation for Research is a supporting organization to Clayton | |
| | | ndation for Research (Clayton). The organization grants funds to | |
| | | yton for its general support. Clayton uses such funds in carrying | |
| | | its primary mission (i.e., to conduct medical research in | |
| | con | junction with hospitals for the purpose of discovering the cause, | |
| | <u>pre</u> | vention and cure of diseases for the benefit of mankind). | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4 c | (Code | |) |
| | | Host Range Mutations as Sources of Virus Vaccines grant to North | |
| | | olina State University focuses on developing a technique for the | |
| | | duction of vaccines for Arthropod Vectored viruses, such as | |
| | | gue Fever and West Nile virus. A number of patent applications | |
| | | e been filed by RDF and several patents have issued on discoveries | |
| | | sing out of this research program. A license has been entered into | |
| | | RDF with a commercial startup company that is interested in using | |
| | | s technology in order to bring a vaccine product to the market that | |
| | | be successfully used to provide long term immunity against | |
| | Den | gue Fever. | |
| | | | |
| | | | |
| 4 d | | program services (Describe in Schedule O) | |
| | (Expe | | |
| 4 e | Total | program service expenses ► 5,842,286. | |

Form 990 (2013) Foundation for Research

88-0234196

Page 2

Form 990 (2013) Foundation for Research
Part IV | 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | _ | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | | Х |
| 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 | | | |
| i | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | Х | ••• |
| ļ | b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| 1 | 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 |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | X |
| 1 | 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 | |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | Х | |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 | | Х |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | Х |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | N/ | A |

Form 990 (2013) Foundation for Research

Part IV Checklist of Required Schedules (continued)

| | , | | Yes | No |
|----|---|------|-----|-----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or 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? If 'Yes,' complete Schedule J | 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| ı | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | N, | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | N, | |
| | d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? | 24d | N. | /A |
| | 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 | | Х |
| ١ | 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 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) | | | |
| | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| ١ | b A family member of a current or former officer, director, trustee, or key employee? <i>If</i> 'Yes,' <i>complete Schedule L, Part IV</i> | 28b | | X |
| (| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 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 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | X |
| 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | _35a | | Χ |
| ļ | b If 'Yes' to line 35a, 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | x | |

BAA

Form 990 (2013)

Form 990 (2013) Foundation for Research

Part V Statements Regarding Other IRS Filings and Tax Compliance

| Check if Schedule O contains a response or note to any line in this Part V | <u></u> . | | |
|--|-----------|-----|--------------|
| • | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| • b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | |
| 2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State- | - 16 | | |
| ments, filed for the calendar year ending with or within the year covered by this return 2a 3 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | _X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | N | / A |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | _ x |
| b If 'Yes,' enter the name of the foreign country | | | |
| See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | . X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | N | /A |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | N | /A |
| 7 Organizations that may receive deductible contributions under section 170(c). | 6 b | IN | A |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | | | |
| services provided to the payor? | 7 a | 3.7 | X / A |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | N | /A |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 с | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | N | / A |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | N | /A |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | - | N | ' A |
| a Did the organization make any taxable distributions under section 4966? | 9 a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | - | / <u>A</u> _ |
| 10 Section 501(c)(7) organizations. Enter | 9 0 | N | <u>/ A</u> |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | | | ł |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 2 Construction of the Cons | | | ļ |
| b Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| against amounts due or received from them) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | N | /A |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b N/A | | | ļ |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | , |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 a | N, | <u>A</u> |
| Note. See the instructions for additional information the organization must report on Schedule O | 1 | | 1 |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c Enter the amount of reserves on hand | | [| |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | N | /A |

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 1 a 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 **b** Enter the number of voting members included in line 1a, above, who are independent n Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other See Schedule 0 officer, director, trustee or key employee? X 2 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Яa Χ Х Is there any officer, director, 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? . . . 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 h N 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? - Prince in the contract of th 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х Х 13 Х 14 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 Х 15 a Χ 15 b 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? 16 a Х 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 NAA organization's exempt status with respect to such arrangements? Section C. Disclosure 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 Another's website X Upon request Other (explain in Schedule O) 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 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 89502 (775) 329-3111

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| Form 990 (2013) | Foundation for Research | 88-0234196 | Page 7 |
|-----------------|--|---------------------------|--------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Emplo | yees, Highest Compensated | |
| • | Employees, and Independent Contractors | | |
| • | Check if Schedule O contains a response or note to any line in | ı thıs Part VII . | |

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or with

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

| | | | | (1 | C) | | | | | |
|--|--|--------------------------------|-----------------------|---------------|--------------|------------------------------|--------|--|--|---|
| (A) Name and Title | (B) Average hours per | box, | unies er an | neck ss pe | erson | e than us both | h an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Thomas J Brorby | * | | | | | | | | | |
| Trustee, Chairman | | Х | | | | | | 65,576 | 125,704 | 32,265 |
| (2) Robert M Wallace | ** | | | | | | | | | |
| Trustee, President | | X | | Х | | | | 147,547 | 289,655 | 74,276 |
| (3) Jarred W Sloan | ** | | | l | | | | | | |
| Trustee, Vice President, Treasurer | | X | | Х | | | | 120,219 | 316,983 | 74,536 |
| (4) Dudley R Dobie, Jr Trustee | * | × | | | | | | 65,576 | 125,704 | 1,017 |
| (5) Lynn P Carter | ** | | | | | | | | | , , |
| Trustee | | Х | | | | | | 65,576 | 371,626 | 74,734 |
| (6) Andrew MacKenzie Vice President, Assistant Secretary | *** | | | X | | | | 0 | C | |
| (7) Christopher MacKenzie | *** | | | | | | | | | <u>, </u> |
| Vice President, Assistant Secretary | * |] | | Х | | | | 0 | c | |
| (8) John Russell Beekman Vice President, Assistant Treasurer | *** | | | Х | | | | 91,284 | 0 | |
| (9) Joan S Dunlap | ** | | | | | | | 01,204 | | 31,120 |
| Assistant Secretary | | | | х | | | | 0 | 136,651 | 56,002 |
| (10) * Works an average of 15 hours per week for Clay | ton Foundation fo | r Rese | earc | h an | d its | relate | ed g | | | |
| (11) | | | | | - | | | | | |
| ** Works an average of 40 hours per week for Clay | ton Foundation fo | r Res | eard | h a | nd it | s rela | ed q | roup of supportin | g entities | |
| (12) Works an average of 2 hours per week for the Fo | undation and oth | er Ne | vada | ba | sed | suppo | rtıng | entities of Clayto | l in Foundation for | Research |
| (13) **** Works an average of 40 hours per week for the | | | | | | | ľ. | | | |
| (14) | , | | | | | | F 5. | J | , | |

| Form 990 (2013) Foundation for Research | 4 1 | V | | | | | | | 88-023419 | 6 | Pa | ge 8 |
|--|---|-----------------------------------|---|---------------|------------------|------------------------------|--|---|--|-------------------------------|---|-------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
| (A) Name and title | Average hours per | box | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from | amou | (F) stimated int of oth | | |
| | (list any hours for related organiza - tions below dotted line) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | -ormer | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | fr org: and | pensatio om the anization d related anization | 1 |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | <u> </u> | |
| (25) | | | | | | | | | | | | |
| 1 b Sub-total | Α | | | | | | * • • | | | | | |
| 2 Total number of individuals (including but not limited t from the organization ► 2 | | | | | | | ived | d more than \$100,0 | 000 of reportable co | npensal | ion | |
| 3 Did the organization list any former officer, director, o | r trustee | , key | em | ploy | ee, e | or hig | hes | st compensated em | nployee | | Yes | No |
| on line 1a? If 'Yes,' complete Schedule J for such indi 4 For any individual listed on line 1a, is the sum of repo | <i>vidual</i> rtable co | mpe | nsat | | and | other | cor | | | . 3 | | Х |
| the organization and related organizations greater tha such individual | ın \$150,(• • • • | 000? | If 'Y | es'd | com _l | olete | Sch | nedule J for • • • • • • • • • • • | | . 4 | Х | |
| 5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' conSection B. Independent Contractors | npensati nplete S | on fro ched | om a ule . | Iny (| unre suc | lated h per | org son | anization or individ | lual <u> </u> | . 5 | | X |
| Complete this table for your five highest compensation from the organization. Report compens | l indeper ation for | nden the | t cor | ntrac ndai | tors | that ar end | rece | eived more than \$1 with or within the | 00,000 of organization's tax ye | ar. | | |
| (A) Name and business address | s | | | | | | | (B) Description of services | | (C) Compensation | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total number of independent contractors (including bus \$100,000 of compensation from the organization | ut not lim | nted | to th | ose | liste | d abo | ove) |) who received moi | re than | | | |

| | | ·Check if Schedule O contains a | respon | se or note to any lir | ne in this Part VIII | | | |
|--|------|---|-------------------|-----------------------|----------------------|--|---|--|
| • | • | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| S | 1 a | Federated campaigns | 1 a | | | | | |
| ξĘ | b | Membership dues | 1 b | | | | | |
| 윤호 | | Fundraising events | 1 c | | | | | |
| Z A | | Related organizations | 1 d | | | | | 1 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | | - | \longrightarrow | | | | | |
| | е | Government grants (contributions) | 1 e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above. | | | | | | |
| 盟臣 | | similar amounts not included above | 1f) | | | | | Ì |
| | g | Noncash contributions included in lines 1a | 1-1f \$ | | | | | |
| S € | h | Total. Add lines 1a-1f | | | | | | |
| PROGRAM SERVICE REVENUE | | | | Business Code | | | | |
| Œ | 2 a | | | | | | | |
| 띮 | b | | | | | | | |
| ICE | c | | - | | | | | |
| € | d | | + | | | | | |
| ₩SI | _ | | | | | | · · · · · · · · · · · · · · · · · · · | |
| RA | • | All other program convenies | | | | | <u> </u> | - |
| စ္က | | All other program service revenue | L- | | | | | - |
| ᆸ | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including divid | | | | | | |
| | | other similar amounts) | | | 2,149,455. | · · · · · · · · · · · · · · · · · · · | | 2,149,455. |
| | 4 | Income from investment of tax-exe | | - | | | | ļ . <u> -</u> - |
| | 5 | Royalties | | ·, | | | | |
| | | (i) R | eal | (II) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) . | | | | | | |
| | d | Net rental income or (loss) | | ▶ | | | | |
| | 7 a | Gross amount from sales of (i) Secu | nues | (II) Other | | | | |
| | | assets other than inventory 29,537 | ,397. | | | | | |
| | h | Less cost or other basis | | <u> </u> | | | | |
| | D | and sales expenses | 517 | | | | | İ |
| | c | Gain or (loss) 5,087 | | - | | | | |
| | | Net gain or (loss) | | | 5,087,880. | | | 5 007 000 |
| | | | | | 5,087,880. | | | 5,087,880. |
| 当 | 8 a | Gross income from fundraising ever (not including \$ | ents | | | | | |
| | | of contributions reported on line 10 | ., | | | | | |
| OTHER REVEN | | • | • | | | | | |
| 쯟 | | See Part IV, line 18 | | | | | | |
| 등 | | Less direct expenses | | | | | | |
| - | С | Net income or (loss) from fundrais | ing evei | nts | | | | ļ |
| | 9 a | Gross income from gaming activities | es | | | | | |
| | | See Part IV, line 19 | а | | | | | |
| | b | Less direct expenses | b | | | | | |
| | C | Net income or (loss) from gaming | activitie | s <u></u> ▶ | | n | | |
| | 10 a | Gross sales of inventory, less retu | rns | | | | | |
| | | and allowances | . а | i | | | | |
| | b | Less cost of goods sold | b | | | | | |
| | С | Net income or (loss) from sales of | invento | ry ▶ | | | | |
| Ì | | Miscellaneous Revenue | | Business Code | | | | <u> </u> |
| ľ | 11 a | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | 4 | All other revenue | | | | | - | - |
| | | Total. Add lines 11a-11d | _ | - | - | | | |
| ļ | | | | | | | | |
| | 12 | Total revenue. See instructions . | | <u> ▶</u> | 7,237,335. | | | 7,237,335. |

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)

Check if Schedule O contains a response or note to any line in this Part IX

| Do i 6b, i | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------|--|-----------------------|------------------------------|-------------------------------------|--------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 5,447,500. | 5,447,500. | | · · |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 3, 11, 1000 | 3,117,300. | | 1944 |
| 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 | 620,482. | 310,241. | 310,241. | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 79,672. | 39,836. | 39,836. | |
| 7 | Other salaries and wages | • | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | - | |
| 10 | Payroll taxes | 17,434. | 8,717. | 8,717. | |
| 11 | Fees for services (non-employees) | | | | |
| | Management | | | | |
| b | Legal | 27,247. | 13,624. | 13,623. | |
| С | Accounting | 18,000. | | 18,000. | · · |
| d | Lobbying | | | | |
| | Professional fundraising services See Part IV, line 17 . | | | | |
| | Investment management fees | 197,316. | | 197,316. | |
| _ | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 11,028. | | 11,028. | |
| | Advertising and promotion | | | | |
| | Office expenses | 6,492. | | 6,492. | |
| | Information technology | | | | |
| | Royalties | 22 672 | | 22 672 | |
| 16 17 | Travel | 23,670. | - 100 | 23,670. | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials | 10,803. | 5,402. | 5,401. | |
| 19 | Conferences, conventions, and meetings | | | | |
| | Interest | _ | | | |
| 21 | Payments to affiliates | | | 7 | _ |
| 22 | Depreciation, depletion, and amortization | | | | |
| | Insurance | 119,756. | | 119,756. | |
| 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). | | | | |
| а | Business_meals | _ 135. | 68. | 67. | |
| | Retiree health plan accrual | 28,951. | 14,476. | 14,475. | |
| | Retirement plan expense | 4,845. | 2,422 | 2,423. | |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 6,613,331. | 5,842,286. | 771,045. | |
| | Joint costs. Complete this line only if 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) | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to an | y line in | this Part X | | | |
|-------------|-----------------|--|---|----------------------------------|--------------------------|----------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| \Box | 1 | Cash — non-interest-bearing | | | 13,961. | 1 | 48,492. |
| | 2 | Savings and temporary cash investments | | | 447,222. | 2 | 2,047,172. |
| - [| 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 365,937. | 4 | 362,885. |
| | 5 | Loans and other receivables from current and former office trustees, key employees, and highest compensated employers art II of Schedule L | ers, dire oyees C | ctors, omplete | | 5 | |
| ļ | 6 | Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c beneficiary organizations) (see instructions) Complete Pa | efined under and contributing antary employees' | | 6 | | |
| Ą | 7 | Notes and loans receivable, net | | <u> </u> | | 7 | |
| Š | 8 | Inventories for sale or use | | | | 8 | |
| ASSETS | 9 | Prepaid expenses and deferred charges | | · · · - | 89,256. | 9 | 62,304. |
| • | _ | · · · · · · · · · · · · · · · · · · · | 1 | - | 09,230. | | 02,304. |
| | 10 a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10 2 | 9,046. | | | |
| | h | Less accumulated depreciation | 10 b | 9,046. | 0. | 10 c | 0. |
| Į | 11 | · · · · · · · · · · · · · · · · · · · | | 9,046. | 93,493,138. | 11 | 113,311,809. |
| | 12 | Investments – other securities See Part IV, line 11 | | F | 93,493,138. | 12 | 113,311,609. |
| ļ | 13 | Investments – program-related See Part IV, line 11 | | - | | 13 | |
| | 14 | Intangible assets | | _ | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | |
| - 1 | | | | ⊢ | | + | 800,000. |
| \dashv | <u>16</u> 17 | Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses | • • • • | | 94,409,514. | 16 | 116,632,662. |
| Į | 18 | Grants payable | | <u> </u> | 245,492. | 17 18 | <u>257,372.</u> |
| | 19 | Deferred revenue | | | 738,750. | 19 | 488,750. |
| | 20 | Tax-exempt bond liabilities | | · L | | 20 | - |
| t | 21 | Escrow or custodial account liability Complete Part IV of | | <u> </u> | | 21 | |
| A B I | - | Loans and other payables to current and former officers, of | | <u> </u> | | 21 | |
| ļ. | 22 | key employees, highest compensated employees, and dis Complete Part II of Schedule L | squalified | persons | | 22 | |
| įΙ | 23 | Secured mortgages and notes payable to unrelated third | parties . | <i>.</i> [| · · · | 23 | |
| S | 24 | Unsecured notes and loans payable to unrelated third par | ties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Complete | related t | hird parties, of Schedule D . | 0. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 984,242. | 26 | 746,122. |
| ZET | | Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34. | here ► [| X and complete | | | |
| ASSETS | 27 | Unrestricted net assets | | | -3,530,565. | 27 | 18,930,703. |
| Ĕ | 28 | Temporarily restricted net assets | | | | 28 | |
| ι | 29 | Permanently restricted net assets | | | 96,955,837. | 29 | 96,955,837. |
| R | | Organizations that do not follow SFAS 117 (ASC 958), and complete lines 30 through 34. | check h | nere ► | | | |
| FUZD | 30 | Capital stock or trust principal, or current funds | | - | | 30 | |
| - 1 | 31 | Paid-in or capital surplus, or land, building, or equipment f | | <u></u> | | 31 | |
| ¥ | 32 | Retained earnings, endowment, accumulated income, or | | - | | 32 | |
| BALAZCES | 33 | Total net assets or fund balances | | <u> </u> | 02 425 272 | 33 | 115 006 540 |
| Ē | | Total liabilities and net assets/fund balances | | _ | 93,425,272. | 34 | 115,886,540. |
| S | 34 | Total habilities and het assets/fulld balances | · | | 94,409,514. | 34 | 116,632,662. |

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Form **990** (2013)

| Form | 990 (2013) Foundation for Research 88- | 023419 | 6 | Pa | age 12 |
|------|---|--------|----------|------|--------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 37,3 | 335. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 13,3 | |
| ٠3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 24,0 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 93,4 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 21,7 | 91,1 | 24. |
| 6 | Donated services and use of facilities | 6 | <u> </u> | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | _ 9 | | 46,1 | 40. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 115,88 | 86.5 | 540. |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | - 🗀 | 103 | 110 |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | X | ļ |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | | | | j |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | 1 |
| С | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? | " | 2 c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | | X |
| b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au | dıt | | | |

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TEEA0112 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

| Found | ation for Rese | | | | | | | | 234196 | | | |
|-----------|---|---|--|---|-------------------------|--|---|---|--------------------------------|------------------------------|-----------|-----|
| Part I | Reason for Publ | ic Charity Status | (All organizations | must c | omplet | e this p | art.) S | See inst | truction | s. | | |
| The orga | nization is not a private | foundation because it | ıs (For lines 1 through | 11, chec | k only o | ne box) | | • | - | | - | |
| 1 [| A church, convention | of churches or associa | tion of churches describ | ed in se | ction 17 | 0(b)(1)(A | ۸)(i). | | | | | |
| 2 | A school described in | section 170(b)(1)(A)(i | ii). (Attach Schedule E) |) | | | | | | | | |
| 3 | A hospital or a cooper | ative hospital service o | organization described in | n section | 170(b) | (1)(A)(iii |). | | | | | |
| 4 | A medical research or | ganization operated in | conjunction with a hosp | oital desc | ribed in | section | 170(b)([.] | 1)(A)(iii) | Enter th | e hospital's | | |
| L | name, city, and state | • | • | | | | ` | ,, ,, , | | • | | |
| 5 | • | ted for the benefit of a mplete Part II) | college or university ow | ned or o | perated | by a gov | ernmen | tal unit d | escribed | in section | | |
| 6 | A federal, state, or loc | al government or gove | rnmental unit described | ın secti | on 170(l | o)(1)(A)(v | √). | | | | | |
| 7 | ☐ In section 170(b)(1)(A | A)(vi). (Complete Part | • | | govern | mental ui | nit or fro | m the ge | eneral pu | blic describe | ed | |
| 8 _ | A community trust des | scribed in section 170(| b)(1)(A)(vi). (Complete | Part II) | | | | | | | | |
| 9 | from activities related investment income an | to its exempt functions | nore than 33-1/3% of its — subject to certain ex- axable income (less sec iplete Part III) | ceptions, | and (2) | no more | than 33 | 3-1/3% o | fits supp | ort from gro | SS | |
| 10 | An organization organ | ized and operated exc | lusively to test for public | safety | See sec | tion 509 | (a)(4). | | | | | |
| 11 🛚 🗓 | more publicly supported | ed organizations descri | lusively for the benefit on the lustral of the lust |) or secti | on 509(a | functions a)(2) Se | of, or o | arry out on 509(a) | the purp (3). Che | oses of one ck the box ti | or nat | |
| | _ a ∐TypeI b | X Type II c | Type III — Function | nally integ | grated | C | ¹ ∐ ˈ | Type III - | – Non-fu | nctionally in | tegrate | d |
| e X | By checking this box, other than foundation section 509(a)(2) | I certify that the organized managers and other the | zation is not controlled of ian one or more publicly | directly o | r indirect ed orgar | lly by one | or mor describ | ed in sec | ilified per ation 509 | sons (a)(1) or | | |
| f | If the organization rec | eived a written determi | nation from the IRS tha | t ıs a Typ | e I, Typ | e II or Ty | pe III su | ipporting | organiza | ation, | | X |
| g | Since August 17, 2006 | 6, has the organization | accepted any gift or co | ontributio | n from a | ny of the | followir | ng persor | าร? | | | |
| | | | | | | | | | | | Yes | No |
| | | | rols, either alone or tog orted organization? | | n persor | | oed in (i | ı) and (ııı · · · · | | . 11 g (ı) | | Х |
| | (ii) A family member | r of a person described | d ın (ı) above? | | | | | | | . 11 g (ii) | | Χ |
| | (iii) A 35% controlle | d entity of a person des | scribed in (i) or (ii) abov | e? | | | | | | · 11 g (iii) | | Х |
| h | Provide the following i | nformation about the s | upported organization(s | s) | | | | | | 1 9 () | | |
| | (i) Name of supported organization | (iı) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) l- organiz column (i your go docui | ation in) listed in | (v) Did yo the organi column (t) supp | zation in of your | (vi) Is organiza colum organize U S | ation in in (i) d in the | (vli) Amount supp | | ary |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| (A) Se | ee Part IV | | | | | | | | | | | |
| · · · 3 · | C TALC IV | | <u></u> | + | | | | | | _ | | |
| (B) | | | | ļ | | | _ | | | | | _ |
| (C) | | | | | | | | | | | | |
| | | | - | | | | | | | | | |
| (D) | | | | <u> </u> | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |
| BAA Fo | r Paperwork Reductio | n Act Notice, see the | Instructions for Form | 990 or 9 | 90-EZ. | | | Schedule | A (Form | 990 or 990 | -EZ) 20 |)13 |

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)

N/A

| Sec | tion A. Public Support | | | | | | |
|--------------|---|---|---|-----------------------------------|---------------------------|--------------------|----------------------------------|
| Cale begi | ndar year (or fiscal year nníng in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 activiti | es, etc (see instru | ctions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and s | s for the organizati | on's first, second, | third, fourth, or fifth | tax year as a sect | ion 501(c)(3) | <u>. • </u> |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | | | |
| 14 | | | | | | | <u>%</u> |
| 15 | Public support percentage from 20 | 012 Schedule A, P | art II, line 14 | | | 15 | % |
| 16 a | 33-1/3% support test — 2013. If and stop here. The organization of | | | | | | |
| b | 33-1/3% support test — 2012. If t and stop here. The organization of | he organization die qualifies as a publi | d not check a box cly supported orga | on line 13 or 16a, a anization | ind line 15 is 33-1/ | 3% or more, chec | ck this box |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization methologanization meets the 'facts-a | eets the 'facts-and | -circumstances' te | st, check this box a | ind stop here. Exp | lain in Part IV ho | w _ |
| Ь | 10%-facts-and-circumstances te or more, and if the organization morganization meets the 'facts-and- | eets the 'facts-and | -circumstances' te | st, check this box a | ind stop here. Exp | lain in Part IV ho | w the — |
| 18 | Private foundation. If the organiz | ation did not checl | k a box on line 13, | 16a, 16b, 17a, or 1 | 17b, check this box | and see instructi | ions ▶ |

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) N/A

| Sec | tion A. Public Support | | | | | | |
|------------|--|---|--|--|--|-------------------------------|----------------|
| Calen | dar year (or fiscal yr beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | 3 (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include | | | - | | · · | |
| _ | any 'unusual grants ') | _ | | | | | |
| 2 | Gross receipts from admis- sions, merchandise sold or | | | | | | |
| | services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the organization's | | | | | | |
| | tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on | | | | | | |
| | ıts behalf | | | | | | |
| 5 | The value of services or facilities furnished by a | | | · | | | |
| | governmental unit to the | | | | | | |
| | organization without charge. | | | | | | |
| | Total. Add lines 1 through 5 | | | | - | | |
| / a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| þ | 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 | | | | | | |
| c | Add lines 7a and 7b | | | _ | | | |
| 8 | Public support (Subtract line | | | | | | _ |
| • | 7c from line 6) | | | | | | _ <u></u> |
| Sec | tion B. Total Support | | | | | | |
| Calen | dar year (or fiscal yr beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | 3 (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 | | | | | | |
| Ь | Unrelated business taxable income (less section 511 | | | | | | |
| | taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | _,, | | | |
| 11 | 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) | | | | | | _ |
| | First five years. If the Form 990 is | for the organization | on's first second t | hird fourth or fifth | tax vear as a sect | on 501(c)(3) | |
| | organization, check this box and st | op here | <u> </u> | | | | |
| <u>Sec</u> | tion C. Computation of Put | | | | | | |
| 15 | Public support percentage for 2013 | • | | | | | 15 % |
| 16 | Public support percentage from 20 | | | | · · · · · · · · · · · · · · · · · · · | · · · · <u>· </u> | <u> 16 용</u> |
| | tion D. Computation of Inv | | | | | - | |
| | Investment income percentage for | | | • | | | 17 % |
| | Investment income percentage from | | • | | | L | 18 % |
| 19 a | 33-1/3% support tests — 2013. If is not more than 33-1/3%, check the | the organization di is box and stop h e | d not check the bo ere. The organizat | ox on line 14, and l ion qualifies as a i | line 15 is more that publicly supported (| n 33-1/3%, ar organization | id line 17 |
| b | 33-1/3% support tests - 2012. If | the organization di | d not check a box | on line 14 or line | 19a, and line 16 is | more than 33 | 1-1/3%, and |
| 20 | line 18 is not more than 33-1/3%, o | | • | • | | | — |
| ∠U | Private foundation. If the organiza | alion did not check | a box on line 14, | 19a, or 19b, check | cuis box and see i | istructions. | |

Schedule A (Form 990 or 990-EZ) 2013

Foundation for Research

Page 4

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

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

| (i) Name of Supported Organization | (II)EIN | (III) Type of organization (described on lines 1-9 above or IRC | in co! (i) li | organization isted in your document? | organizatio | u notify the on in col (i) support? | organizatio organiz | Is the on in col (i) ed in the S? | (vif) Amount of Support |
|-------------------------------------|---------------------------------------|---|---------------|--|-------------|---|------------------------|-----------------------------------|----------------------------|
| | | section (see instructions)) | | | | | | | |
| | | | Yes | No | Yes | No | Yes | No | |
| Clayton Foundation For Research | 74-1541767 | 4 | X | | Х | | X | | 1,375,000 |
| Research Development Foundation | 88-0234325 | 11b | | Х | X | | Х | | 3,555,000 |
| North Carolina State University | 56-6000756 | 6 | | Х | Х | | Х | | 267,500 |
| Oregon Health Sciences University - | 93-1176109 | 6 | | Х | Х | | Х | | 250,000 |
| Casey Eye Institute | | | | |] | l | | | |
| otal | | | | | | | | | 5,447,500.00 |
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SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

| For | undation for Research | 88-0234196 |
|-----|---|--|
| Pai | | |
| rai | Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. | or Accounts. |
| | | (h) Funda and other constant |
| _ | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) . | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose compermissible private benefit? | nferring |
| Par | t II Conservation Easements. | |
| | Complete 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., recreation or education) | storically important land area |
| | | tified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of | a conservation easement on the |
| - | last day of the tax year | a conservation easement on the |
| | | Held at the End of the Tax Year |
| á | Total number of conservation easements | 2 a |
| | Total acreage restricted by conservation easements | 2 b |
| | | 2 c |
| | ` ' | 20 |
| (| Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the of tax year ► | rganization during the |
| 4 | Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of vio and enforcement of the conservation easements it holds? | ations, |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during | ng the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the \$ | e year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h and section 170(h)(4)(B)(ii)? | (4)(B)(ı) · · · · · · · · · Yes |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense sinclude, if applicable, the text of the footnote to the organization's financial statements that describes the | tatement, and balance sheet, and organization's accounting for |
| Par | till Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. | er Similar Assets. |
| | | |
| 1 a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme art, historical treasures, or other similar assets held for public exhibition, education, or research in further in Part XIII, the text of the footnote to its financial statements that describes these items | nt and balance sheet works of ance of public service, provide, |
| t | olf the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items | |
| | (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 art, historical treasures, or other similar assets for financial gamounts required to be reported under SFAS 116 (ASC 958) relating to these items | · |
| а | Revenues included in Form 990, Part VIII, line 1 | ▶\$ |
| | Assets included in Form 990. Part X | ► \$ |

| Part III Organizations mainta | ming com | CHOILS | o or Art, riist | Olica | i ileasules, c | , Our | ei Jiiiiiai As | sers (c | Ununc | <i>160)</i> |
|--|------------------------------------|------------------|---|--------------------|---------------------------------------|-----------|---------------------------------------|------------------|--------------|------------------|
| 3 Using the organization's acquisition items (check all that apply) | n, accession, | and othe | r records, check | any o | f the following that | are a s | ignificant use of it | s collect | ion | |
| a Public exhibition | | | d Loan | or exc | hange programs | | | | | |
| · b Scholarly research | | | e Othe | | | | | | | |
| c Preservation for future genera | tions | | | | | | | | | |
| 4 Provide a description of the organi Part XIII | zation's collec | tions and | d explain how th | ey furtl | her the organization | n's exe | mpt purpose in | | | |
| 5 During the year, did the organization to be sold to raise funds rather tha | on solicit or re n to be mainta | ceive doi | nations of art, hi part of the orgar | storica nzatior | I treasures, or other | er sımıla | r assets | Yes | ſ | No |
| Part IV Escrow and Custodia line 9, or reported an a | I Arranger mount on F | nents. orm 99 | Complete if t 90, Part X, lin | he or e 21. | ganızation ans | wered | l'Yes' to Form | 990, F | art IV N/ | |
| 1 a Is the organization an agent, truste on Form 990, Part X?. | | | intermediary for | | | sets no | t included | Yes | | No |
| b If 'Yes,' explain the arrangement in | Part XIII and | complete | e the following to | able | | | | Ц | L | _ |
| | | | | | | | | Amount | į | |
| c Beginning balance | | | | | | . 🗔 | l c | | | |
| d Additions during the year | | | | | | . 1 | l d | | | |
| e Distributions during the year | | | | | | 🗔 | l e | | | |
| f Ending balance | | | | | | . 1 | l f | | | |
| 2 a Did the organization include an am | ount on Form | 990, Pa | rt X, line 21? . | | | | | Yes | | No |
| b If 'Yes,' explain the arrangement in | | | | | | art XIII | | — | | 7 |
| , , | | | • | | | | | | L | |
| Part V Endowment Funds. C | omplete if | the ora | anization ans | were | d 'Yes' to Form | n 990. | Part IV. line 1 | 0. | | |
| , | (a) Current | | (b) Prior yea | | (c) Two years back | · | d) Three years back | | our years | s hack |
| 1 a Beginning of year balance | 96,955 | - | 96,955,8 | | 96,955,83 | | 96,955,837. | + ` - | | 837. |
| b Contributions | | , 03 / . | 30,333,6 | ,,,, | | - | 30,333 <u>,</u> 037. | 1 70 | , ,,,,,, | 037. |
| | | | | | - · | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | ļ | | |
| d Grants or scholarships | | | | | | | | 1 | | |
| e Other expenditures for facilities and programs | | | | | | | | | | |
| f Administrative expenses | | | | | | | | | | |
| g End of year balance | 96,955 | ,837. | 96,955,8 | 37. | 96,955,83 | 7. | 96,955,837. | 96 | ,955, | 837. |
| 2 Provide the estimated percentage | of the current | year end | balance (line 1 | g, colu | mn (a)) held as | | | | | |
| a Board designated or quasi-endowr | nent 🟲 | 0 | .00% | | | | | | | |
| b Permanent endowment | 100.00 % | ; | | | | | | | | |
| c Temporarily restricted endowment | • | 0.0 | 0 % | | | | | | | |
| The percentages in lines 2a, 2b, ar | nd 2c should e | equal 100 | - 9% | | | | | | | |
| 3 a Are there endowment funds not in | the naccessia | n of the | organization tha | t are h | ald and administer | ed for t | 20 | | | |
| organization by | trie p03363310 | ii oi tiic t | organization tha | aicin | siu anu auministei | eu ioi ti | 16 | Γ | Yes | No |
| (i) unrelated organizations | | | | | | | | . 3a(i) | | X |
| (ii) related organizations | | | | | | | | 3a(iı) | | Х |
| b If 'Yes' to 3a(II), are the related org | anizations list | ed as red | uired on Sched | ule R? | | | | 3b | N/ | |
| 4 Describe in Part XIII the intended u | | | | | | | | ·• | | |
| Part VI Land, Buildings, and | | | | | · · · · · | | | | | |
| Complete if the organiz | • • | | es' to Form 9 | 90, F | Part IV, line 11a | a. See | Form 990, Pa | art X, li | ne 10. | |
| Description of property | | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | - | Book va | |
| Description of property | | | or other basis /estment) | (0) | Cost or other casis (other) | | Accumulated epreciation | (u) i | JOOK VA | iiu c |
| 1a Land | | 1 | | | | _ | | | | |
| b Buildings | | | | | | | | | | |
| c Leasehold improvements | | | | | | | | | | |
| d Equipment | | | 9,046. | | | | 9,046. | | | 0. |
| e Other | | | 9,040. | | | | 9,040. | | | |
| Total. Add lines 1a through 1e (Column | | | 190 Part X colu | mn (R) | line 10(c)) | <u> </u> | ▶ | | | 0. |
| / GG III IOO TG TITOUGH TO TOOMINIT | In made cycle | 011111 3 | oo, ranta, colu | (5) | ,o , o(o) / · · | · · · · | | | | <u> </u> |

| Part VII Investments - Other Securities. | | |
|--|--------------------------------|---|
| | | Part IV, line 11b. See Form 990, Part X, line 12. $^{\mathrm{N}/2}$ |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) Fihancial derivatives | | <u> </u> |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) (B) | <u> </u> | |
| (B) (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| <u>(I)</u> | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶ | | |
| Part VIII Investments — Program Related. | Voc' to Form 000 B | art IV, line 11c. See Form 990, Part X, line 13. N/ |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) | (b) Book value | (e) montos el variación cost el chia el year maritet varias |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| _ (7) | | |
| (8) | | |
| (9) | | |
| (10) | | *** |
| Total (Column (b) must equal Form 990, Part X, column (B) line 13) . > Part IX Other Assets. | | <u> </u> |
| Part IX Other Assets. Complete if the organization answered " | Yes' to Form 990, P | art IV, line 11d. See Form 990, Part X, line 15. N/ |
| | scription | (b) Book value |
| (1) | | |
| (2) | | |
| (3) (4) | | |
| (5) | _ | |
| (6) | | |
| _(7) | | |
| | | |
| (9) | | _ _ _ |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B), I | ine 15) | · · · · · · · · · · · · · · · · · · · |
| Part X Other Liabilities. Complete if the organization answered 'Yes' to Fe | orm 990. Part IV. line 11 | e or 11f. See Form 990. Part X. line 25 |
| (a) Description of liability | (b) Book value | |
| (1) Federal income taxes | C | <u>) </u> |
| (2) | | 1. |
| (3) | . | |
| (4) (5) | | _ |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | _ | _ |
| Total (Column (b) must equal Form 990, Part X, column (B) line 25) | | 0. |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footi tax positions under FIN 48 (ASC 740). Check here if the text of the footnote it | | |
| tax positions under this 40 (ASC 740). Check here it the text of the footbole i | ias peen provided in Part XIII | |

| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. | cui II. | |
|---|---------------|---|
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 28,831,143. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a Net unrealized gains on investments | 1 1 | |
| b Donated services and use of facilities | i i | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII) | | |
| e Add lines 2a through 2d | 2 e | 21,791,124. |
| 3 Subtract line 2e from line 1 | 3 | 7,040,019. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | ,,010,025. |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a 197, 316. | | |
| b Other (Describe in Part XIII) | | |
| c Add lines 4a and 4b | 4 c | 197,316. |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 7,237,335. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per f | Return | . , , , , , , , , , , , , , , , , , , , |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. | | • |
| 1 Total expenses and losses per audited financial statements | 1 | 6,416,015. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a Donated services and use of facilities | . | |
| b Prior year adjustments | . | |
| c Other losses | . | |
| d Other (Describe in Part XIII) | . | |
| e Add lines 2a through 2d | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | 6,416,015. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a 197, 316. | . | |
| b Other (Describe in Part XIII) | | |
| c Add lines 4a and 4b | 4 c | 197,316. |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 6,613,331. |
| Part XIII Supplemental Information. | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional part XII, lines 2d and 4b. Also complete this part to provide any additional part XII. | | |
| <u>Pt_V_Line_4The_Board_of_Trustees_of_the_Foundation_has_interprete</u> | <u>a_the</u> | |
| Uniform_Prudent_Management_of_Institutional_Funds_Act_ | (UPMI | [<u>FA</u>) |
| as requiring the preservation of the fair value of the | orıc | <u> </u> |
| donor contribution as of the contribution date of the | <u>donor</u> | = |
| restricted endowment funds. As a result of this inter | <u>pret</u> a | ation |
| the Foundation classifies as permanently restricted ne | t_ass | sets |
| the original value of the donated contribution to the | perma | nent |
| endowment. Accordingly, only the income, including ne | t rea | alized |
| | | D (Form 990) 2013 |

| | (Form 990) 2013 | | 88-0234196 | Page 5 |
|----------------|-----------------|---|------------|----------------|
| Part XIII | Supplement | al Information (continued) | | |
| | · | and unrealized gains, is to be used for the Found | ation's | - - |
| | | activities, except where such assets must be dist | ributed | - <i>-</i> |
| | | <u>in order to maintain the Foundation's tax-exempt</u> | status. | |
| Part X, | Line 2 | From the Federal Income Taxes section of the foot | notes | |
| | | to the audited financial statements, | | |
| | | "The Foundation has no uncertain tax positions." | | - - |
| | | | | _ |
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SCHEDULE I (Form 990)

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

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

2013

OMB No 1545-0047

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 88-0234196 ž

Foundation for Research Name of the organization

Department of the Treasury Internal Revenue Service

Part I General Information on Grants and Assistance

×∃ 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (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 | | | | : | | | General |
| 402_NDivision_Street | 88-0234325 | (501 (c) (3) | 3.555.000. | 0 | N/A | A/N | Support |
| searc | ď | | | | | | General |
| <u>One_Riverway. Suite_1500</u> Houston TX 77056 | 74-1541767 | 501(c)(3) | 1.375,000. | 0 | N/A | N/A | support |
| (3) Worth Carolina State-University | 24 | | | | | | Medical |
| <u>Box-724</u> Raleigh NC 27695 | 56-6000756 | 170 (b) (1) (A) (V) | 267,500. | 0 | N/A | N/A | Kesearcn |
| _ | Ły | | | | | | Medical |
| - 3181 SW Sam Jackson Park | 0017211-80 | 170 (5) (1) (4) (1) | 000 | Č | 2 | × | Researcii |
| 1 | 7010/11 77 | (A) (B) (T) (A) (A) | | | W/N | A VI | |
| | | | | | | | |
| (9) | | | | | | | |
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| (7) | | | | | | | |
| | | | | | | | |
| (8) | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations | and government orga | | isted in the line 1 table | | | | 4 |
| 3 Enter total number of other organizations listed in the line 1 table. | ns listed in the line 1 t | able | | | | • | 0 |
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | e, see the Instruction | is for Form 990. | | TEEA3901 | 07/12/13 | Schedu | Schedule I (Form 990) (2013) |

Schedule I (Form 990) (2013)

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 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| LO. | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | ride the information | required in Part I, lir | ne 2, Part III, columi | ר (b), and any other adc | ditional information. |
| Pt_L Line_2The_Foundation_ | on For Research 1s | 1s_limited_to | supporting | activities of the Cl | Clayton |
| Foundation for | r_Research, a | Foundation for Research, a medical research organization | th_organization | described in | |
| Section_170(b) | <u>') (A) (i i 1) and</u> | _Section_170(b)_(A)_(iii)_and_hospitals,_medical | and | sclentific_schools_and_ | and organizations |
| which conduct | or support me | dical or scient | ific research | _which conduct or support medical or scientific research described in Section 501(c)(3) | 1ººn 5ºº1 (c) (3) |
| of the Interna | of the Internal Revenue Code | and | ed as other tha | classified as other than private foundations | ionsi |
| Sections | s_509(a)_(1)_or | under Sections 509(a)(1) or 509(a)(2) of the Code. | | The Foundation does not | ot |
| make any grants | or loans | to_individuals | | | |
| | 1 | | | | |
| Research Devel | Development Foundation | tion_and_Claytc | _and_Clayton_Foundation_F | For Research submit | t_an |
| <u>annual_budget</u> | which is appr | _annual_budget_which_is_approved_by_the_Foundation's | undation's Board | d at the beginning of | g_of_the_year |
| See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet) BAA | formation (Continuation | Sheet) | | | Schedule I (Form 990) (2013) |

Schedule I (Form 990) (2013)

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

| As the needs ar | As the needs arise during the year these two entities submit requests during |
|-------------------|--|
| ביור לכמו דרו כו | בוום מהסוכת אומוור מווסחורים. |
| The hospitals and | nd medical and scientific schools submit a budget request to the Board of |
| Trustees which | is reviewed each year. If these budgets are for ongoing grants |
| the grantee als | lso includes a report on the progress of their research. Once |
| these budgets a | are approved they are normally funded on a quarterly basis to the |
| grantee. At th | he end of the year the grantee submits a report to the Foundation |
| as to how the g | grant was utilized. In addition, the scientists frequently make |
| reports to the | Foundation at its board meetings, and/or the Foundation Trustees |
| make on-site vi | 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 Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

| _ | | | | $\overline{}$ | r |
|----|---|--|------------|---------------|----|
| | | | | Yes | No |
| 1: | a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any relevant ii | the following to or for a person listed in Form 990, Part information regarding these items | | | |
| | X First-class or charter travel | Housing allowance or residence for personal use | | | |
| | 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) | | | |
| | b If any of the boxes on line 1a are checked, did the organization for | ollow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above | | 1 b | X | |
| | | | | | |
| 2 | Did the organization require substantiation prior to reimbursing or trustees, and officers, including the CEO/Executive Director, rega | | 2 | х | |
| _ | | | _ | | |
| 3 | Indicate which, if any, of the following the filing organization used CEO/Executive Director Check all that apply Do not check any be establish compensation of the CEO/Executive Director, but expla | poxes for methods used by a related organization to | | | |
| | X Compensation committee | X Written employment contract | | | |
| | Independent compensation consultant | X Compensation survey or study | | | |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| | | | | | İ |
| 4 | During the year, did any person listed in Form 990, Part VII, Sect or a related organization | ion A, line 1a with respect to the filing organization | | | |
| | a Receive a severance payment or change-of-control payment? . | | 4 a | | X |
| | b Participate in, or receive payment from, a supplemental nonqualit | fied retirement plan? | 4 b | | Х |
| | $oldsymbol{c}$ Participate in, or receive payment from, an equity-based compen | sation arrangement? | 4 c | | Х |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the application | cable amounts for each item in Part III | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must com | plete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did th contingent on the revenues of | ne organization pay or accrue any compensation | | | |
| | a The organization? | | 5 a | | Х |
| - | b Any related organization? | | 5 b | | Х |
| | If 'Yes' to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did th | ne organization pay or accrue any compensation | | | į |
| | contingent on the net earnings of | | | | |
| | a The organization? | l l | 6 a 6 b | | X |
| | If 'Yes' to line 6a or 6b, describe in Part III | | 9.0 | | Х |
| _ | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If 'Yes,' describe in Part | te organization provide any non-fixed t III | 7 | | Х |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrue | | | | i |
| | to the initial contract exception described in Regulations section 5 If Yes, describe in Part III | 53 4958-4(a)(3)? | 8 | | X |
| ^ | | | | | |
| 9 | If 'Yes' to line 8, did the organization also follow the rebuttable prosection 53 4958-6(c)? | | 9 | N/ | Α |

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

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Section A, line 1a, applicable column (D) and (E) amounts for that individual Notes. Part II

| NOTE: THE SUIT OF COUNTIES (D)(1) (III) TOLEGAL HOLD HOLD HOLD E EQUAL HICKORY) | 113120 | A Distribution equal | אל מסטר שוויסווון טו די | I OIII 990, Falt VII, Set | יווטוו ה, ווווס ומ, מטטוני ד | able coluinii (D) allu | | illuvidual |
|---|-------------|----------------------|--|---|---|------------------------|----------------------|-------------------------|
| | | (B) Breakdown or | (b) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (i) Race | (II) Bonis & incentive | (iii) Other | other deferred | benefits | (B)(I)-(D) | reported as deferred in |
| | | compensation | compensation | reportable compensation | compensation | · | | pnor Form 990 |
| | | | | | | | | |
| Thomas J Brorby | € | 65,576 | | 1 | 1 | O | 65,576 | |
| 1 Trustee, Chairman | € | 125,704 | | | | 32,265 | | |
| Robert M Wallace | € | 147,547 | | | | 12,090 | | |
| 2 Trustee, President | (ii) | 289,655 | | | | 62,186 | 351,841 | |
| Jarred W Sloan | € | 120,219 | | | | 8,059 | | |
| 3 Trustee, Vice President, Treasurer | (ii) | 316,983 | | | | 66,477 | 383,460 | |
| Dudley R. Dobie, Jr | (i) | 925'59 | | | | 0 | | |
| 4 Trustee | (ii) | 125,704 | | | | 1,017 | 126,721 | |
| Lynn P Carter | (!) | 929'59 | | | | 0 | | |
| 5 Trustee | (ii) | | | | | 74,734 | 446,360 | |
| Joan S. Dunlap | (:) | 0 | | | | 0 | | |
| 6 Assistant Secretary | € | 136,651 | | | | 56,002 | 192,653 | |
| | € | | | | | | | |
| 7 | (ii) | | | | | | | |
| | € | | | | | | | |
| 8 | ⊞ | | | | | | | |
| | (:) | | | | | | | |
| 6 | € | | | | | | | |
| | ε | | | | | | | |
| 10 | <u>(ii)</u> | | | | | | | |
| | Θ | | | | | | | |
| 11 | € | | | | | | | |
| | E | | | | | | | |
| 12 | ⊞ | | | | | | | |
| | € | | 1 | | | | | |
| 13 | ⊞ | | | | | | | |
| | € | | | | | | | |
| 14 | (ii) | | | | | | | |
| | € | | 1 | 1 | | 1 | | |
| 15 | € | | | | | | | |
| | € (| | | | | | | |
| 16 | (E) | | | | | | | |

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2013

Inspection

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, 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.
 Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

| Foundation for Research | ch | | | | | | 1 | -023 | | 6 | mboi | | |
|---|-----------------------|--------------------|----------------------------|---------------------|------------------------------|-----------------------------|----------------------|---------------------|-----------------|---------------------------|----------|------------------|----------|
| Part I Excess Benefit Tr Complete if the organization | | tion 50 on Form | 01(c)(3 n 990, Pa |) and art IV, I | section 50° ne 25a or 25b | (c)(4) orga , or Form 99 | anizatıc 0-EZ, Pa | ons o irt V, lii | nly). ne 40l |) | | N/ | /A |
| (a) Name of disqualified person | (b) Re | | between di | | | (c) D | escription o | of transa | ction | | | (d) Cor | rected? |
| 1 | <u> </u> | person a | nd organiza | tion | | | | | _ | | | Yes | No |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) 2 Enter the amount of tax incurre | | | | | | | r under | | | | | <u></u> | |
| section 4958 | | | | | | | | • | > \$ | | | | |
| 3 Enter the amount of tax, if any | | | | organiz | ation | • • • • | · · · | • • • | ▶ \$ | | | | |
| Part II Loans to and/or F Complete if the organiz organization reported a | ation answered 'Yes | on For | m 990-E | Z, Page 5, 6, or | e V, line 38a d 22 | or Form 990, | Part IV, | line 26 | 5, or if | the | | N/ | /A |
| (a) Name of interested person with organizations | | from | an to or the zation? | | e) Original cipal amount | (f) Balance | due | (g) In d | lefault? | (h) App by boa comm | ard or | (i) Wr agreen | |
| | | То | From | Ì | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | <u></u> | <u> </u> | |
| (4) | | | | | | | | | | | | | |
| (5) | | ļ | | | · | | | | ļ | | | | |
| (6) | | | | | | | | <u> </u> | | | | | |
| (7) | | ļ | ļ | | | | | ļ | | | | <u> </u> | <u> </u> |
| (8) | | <u> </u> | | | | | | | | | ļ | | <u> </u> |
| (9) | | ļ <u> </u> | - | | | | | | | | <u> </u> | | |
| (10) | | | L | | | L | | | | | | <u> </u> | L |
| Part III Grants or Assista Complete if the organiz | | ntere | | erson | | <u></u> | | | | | | N/A | —— A |
| (a) Name of interested person | (b) Relationship | | nterested po | | (c) Amount o | f assistance | (d) Typ | e of Assi | stance | (e) | Purpose | e of assis | stance |
| (1) | | | | | | | | | _ | _ | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | - | -,- | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | ĺ | | | |
| (7) | | | | - | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| BAA For Paperwork Reduction A | ct Notice, see the In | structio | ons for F | orm 99 | 90 or 990-EZ. | | Sche | dule L | . (Forr | n 990 | or 990 |)-EZ) 2 | 2013 |

| Part IV | Business Transactions Invo Gomplete if the organization answere | Iving Interested Per ed 'Yes' on Form 990, Par | sons. t IV, line 28a, 28b, or 28 | C | | |
|---------|--|---|-------------------------------------|--------------------------------|-------------------------------|----------------------------|
| • | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Shar organiza reven | ring of ation's ues? |
| • | | | | | Yes | No |
| (1) All | ison, MacKenzie, et.al. | See schedule O | 40,377. | Legal & Admin. Service. | s | Х |
| | rby, Crozier & Dobie, P.C. | See schedule O | | Legal Services | | Х |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | · | | | | <u> </u> |
| (8) | | | | | | <u> </u> |
| (9) | | | | | | <u> </u> |
| (10) | Supplemental Information | | · - | | | |
| Part V | Supplemental Information Provide additional information for respo | onege to augetions on Sch | odulo I. (con instructions | -1 | | |
| | Provide additional information for response | nises to questions on sch | edule L (See Instructions | s) | | |
| | | | | | | |
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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 |
|------------------------------|
| 2013 |
| 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 many of such discoveries have already led to products that have been brought to market by the licensee and are benefiting mankind.

| Schedule O (Form 990) 2013 | pg. 2 |
|----------------------------|--------------------------------|
| 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 Oregon Health Sciences University. Research plans and budgets for all research projects funded by grants are reviewed and approved on an annual basis by the Foundation's Board.

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

Mr. Christopher MacKenzie, Vice President and Secretary of the Foundation, is a partner in the law firm of Allison, MacKenzie, Pavlakis, Wright and Fagan, Ltd. Mr. MacKenzie was elected in October 2013 to fill the vacancy upon the resignation of Mr. Andrew MacKenzie, who was also a partner in such law firm. 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

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

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

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

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

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

| 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) 2013 | 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. 9 - Other changes in net assets or fund balances

Post retirement health benefit related changes other than periodic cost \$ 46,140

Open to Public OMB No 1545-0047 2013 Inspection Employer identification number 88-0234196 ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions. Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships Foundation for Research Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990)

| (a) Name, address, and EIN (if applicable) of disregarded entity | entity (b) Primary activity | | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | guille |
|---|--|---|---|------------------------|---------------------------|-------------------------------|---|
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| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | Organizations Complete tions during the tax year. | if the organization | answered 'Yes' c | in Form 990, Part | IV, line 34 becau | se it had | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (if section 501(c)(3)) | (f) Direct controlling | | (g) Sec 512(b)(13) controlled entity? |
| | | · | | | | Yes | 2 |
| (1) Clayton Foundation for Research | | | | | | | |
| One_RiverwaySuite_1500 | | | | | | | |
| Houston,_TX_77056 | _ Conduct Medical | | | | | | |
| 74-1541767 | Research | TX | 501 (c) 3 | Line 4 | N/A | | × |
| (2) Clayton Foundation Company | | | | | Clavton | | |
| <u>One_Riverway,_Suite_1500</u> | | | | | Foundation for | for | |
| <u>Houston, TX_77056</u> | Title Holding | | | | n | 101 | |
| 74-6035675 | Company | TX | 501(c)2 | N/A | Nesearcii | × | |

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

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Schedule R (Form 990) 2013

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Type 2 N/A

Line 11,

501 (c) 3

DE

Research

(4) See Cont. Sheet for Sch. R. Part II

Medical

501(c)2

Company

(3) Clayton Medical Research Foundation. Inc.

--402 N. Division Street... --Carson City, NV 89703...

51-0306704

Schedule R Cont (Form 990) 2013 Foundation for Research

Part II Continuation of Identification of Related Tax-Exempt Organizations

Continuation Page 1 of 1

88-0234196

| (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 | (G) Sec 512(b)(13) controlled entity? | o)(13) enlity? |
|---|-------------------------|---|-------------------------------|--|---------------------------------|---|-------------------|
| Research Development Foundation 402 N. Division Street Carson City NV 89703 | Technology Transfer |)N | 501 (c) 3 | Line 11, Type 2 | d. Z | 20- | <u> </u> |
| Gecherche | Medical Research | S. | Exempt Swiss Charity | II, Type S entity | 4 2 | | × |
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| | | TEEA5102 06/27/13 | | | Schedule R Cont (Form 990) 2013 | Form 990) | 2013 |

Page 5

88-0234196

Foundation for Research

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2013

Part III | Identification

| (1) | 512-514) | | | Yes | 1065) | | |
|---|----------|---|---|-----|-------------|----------|--|
| | | | 9 | | | Yes No | |
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| line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | related organiza | ations treated as | a corporation | or trust during t | ne tax year. | | | | |
|---|-------------------------|----------------------------------|------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign | (d) Direct controlling | Type of entity (C corp, S corp, | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | Sec 512(b)(13) controlled entity? |)(13) entity? |
| | | Country) | cinity | OI (I mar) | | | | Yes | ٩ |
| (1) Foundation Services, Inc. | | | | | | | | | |
| | , , | | | | | | | | |
| 402 N. Division Street | Holding | | | | | | | | |
| Carson City, NV 89703 | Company | NV | N/A | C | 0. | 0. | 0.00 | | × |
| (2) Clayton Biotechnologies, Inc | ı | l | | | | | | | |
| 76-0377287 | ı | | Foundation Services, Inc. | | | | | | |
| One Riverway, Suite 1520 | Technology | | | | | | | | |
| Houston, TX 77056 | Transfer | NV | | C | 0. | 0 | 0.00 | × | |
| (3) See_Cont. Sheet for Sch. R, Part_IV | | | | | | | | | |
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Schedule R (Form 990) 2013

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Schedule R Cont (Form 990) 2013 Foundation for Research

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

Continuation Page 1 of 1

88-0234196

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|--|----------------------------------|---|-------------------------------|---|-----------------------|--------------------------------|---------------------------------|-------------|-----|
| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp. S corp, or trust) | Share of total income | Share of end-of-year assets | (H) Percentage ownership | ICESE 를 즐겁니 | q |
| /ton/_JrTrust | Charitable remainder | | | | | | Remainder | Yes | o |
| ay.Suite 1500 x 77056 | trust | TX | N/A | Ę. | .0 | .0 | only | | × |
| Vis Clayton Trust | Charitable remainder trust | TX | N/A | H | .0 | 0 | Remainder | | × |
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Page 3

88-0234196

Schedule R (Form 990) 2013 Foundation for Research

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

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| | | | | | (1) N/A |
| | | | | | |
| nınıng | (d) thod of determin amount involved | (d) Method of determining amount involved | (c) Amount involved | (b) Transaction type (a-s) | (a) Name of related organization |
| | | 1 | ansaction thresholds | ered relationships and tra | 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |
| × | s | 18 | | | s Other transfer of cash or property from related organization(s) |
| × | | - | | | r Other transfer of cash or property to related organization(s) |
| × | 5 | | | | q Reimbursement paid by related organization(s) for expenses. |
| | × | 4 | | | p Reimbursement paid to related organization(s) for expenses |
| | | | | | |
| × | | | | | o Sharing of paid employees with related organization(s) |
| × | | - 1 | | • | |
| × | E | E | | | |
| × | _ | = | | | l Performance of services or membership or fundraising solicitations for related organization(s) |
| × | <u> </u> | | | | k Lease of facilities, equipment, or other assets from related organization(s) |
| × | | 1j | | | j Lease of facilities, equipment, or other assets to related organization(s) |
| × | | .: 1 | | | i Exchange of assets with related organization(s) |
| × | ر | | | | h Purchase of assets from related organization(s) |
| × | _ | 1 | | | g Sale of assets to related organization(s) |
| × | | - | | | f Dividends from related organization(s) |
| | | <u></u> | | | |
| × | 6) | - - | | | e Loans or loan guarantees by related organization(s) |
| × | _ | - - | | | d Loans or loan guarantees to or for related organization(s) |
| × | | 1 | | | c Gift, grant, or capital contribution from related organization(s) |
| | × | - 1- | | | b Gift, grant, or capital contribution to related organization(s) |
| × | a | : | : | | a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity |
| 4- | 3 | | | listed in Parts II-IV? | 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |
| 8 N | Yes | | | | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule |

88-0234196

N/A

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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

| | (4) | 3 | 1 | (6) | | (8) | (4) | 9 | | | 13 |
|----------------------------------|------------------|----------------|------------------|-----------------------------|----------|-----------------------|--------------|------------|----------------------------|---------|------------|
| Name, address, and EIN of entity | Primary activity | Legal domicile | Predominant | Are all partners | Share of | Share of | Dispropor- | Code V-UBI | | | Percentage |
| | | country) | | 501(c)(3) organizations? | | end-ol-year assets | allocations? | | managing partner? | | wnersnip |
| | | | section 512-514) | Yes No | | | Yes No | (1002) | Yes | å | |
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| Schedule R (Form 990) 2013 Foundation for Research | 88-0234196 | Page 5 |
|---|--------------|----------------|
| Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see inst | tructions) | |
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