

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
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.

OMB No 1545-0047

Open to Public

| Depa Intern | rtment of that al Revenue | he Treasury e Service | ł | • | Information | about Form | 990 and its ins | structions is at wi | ww.ii | rs.gov | /form990 |). | | Inspection | |
|-------------------------|-------------------------------------|---|---------------------|-------------------|------------------|----------------|--------------------|--------------------------|--------------|---|----------------|--------------------------------|-----------------|-------------------|--|
| \overline{A} | For the | 2014 calen | dar y | year, or tax y | ear begini | ning | | , 2014, | and | endin | g | | | | |
| В | Check if ap | plicable | C | Name of organiza | tion Fou | ndatio | n for Re | search | | - | | D Emplo | yer identi | fication number | |
| | Addre | ess change | | Doing business a | | | | | | | | 88- | 0234 | 196 | |
| | Name | change | | Number and street | et (or PO box | if mail is not | delivered to stree | address) | | Room/s | suite | E Teleph | | | |
| | \vdash | return | 40 | 2 N. Div | 1510D | St | | | | | (775) 687-0245 | | | | |
| | Н | eturn/terminated | | | | | ZIP or foreign pos | tal code | | L | | \'-' | 37 0. | 07 0243 | |
| | Amended return Carson City NV 89703 | | | | | | | | | G Gross | rocointe : | \$ 36,967,901. | | | |
| | ⊢ | cation pending | _ | Name and address | | officer | | 14.0 | <u> </u> | | H(a) Is this | a group retur | | | |
| | ۳٬۹۶۰۰ | codon pending | | ert M. Wallace | | | Samo a | s C above | | | H(b) Are all | subordinates attach a list. | included? | | |
| $\overline{}$ | Tayley | empt status | | 501(c)(3) | 501(c) (| | (insert no) | 4947(a)(1) or | $\neg \neg$ | 527 | If No, | attach a list. | (see instru | uctions) | |
| <u>;</u> | Webs | | | 301(0)(3) | 301(0) (| | (inscrino) | 1 14747(8)(1) 01 | لـــاـــ | 327 | H/a) Craus | exemption n | ımbar 🕨 | | |
| K | | organization | | Corporation | Trust | Association | Other • | | Voor of | f formation | | | | gal domicile NV | |
| Pa | | | | Corporation | Trust | ASSOCIATION | Outer | | real of | Tomac | 130 | 9 1.11 | State of le | gai domicile IV V | |
| ra | | Summar | | e organizatio | n'e mission | or most s | significant act | vities Ec | 21100 | data | on for | Resea | rch | ica | |
| _] | | - | | _ | | | - | blished t | | | | | TCIL. | T = | |
| 일 | | | | fic res | | Porac | 1011 -63 C a | DIII Siled _C | <u></u> | uppe | 71_L_III.G. | <u>u1Ca1</u> _ | | | |
| 힐 | = | ind bere | 77 57 | 1112 122 | <u> </u> | | | | - - - | - - | | | | | |
| Activities & Governance | 2 C | heck this bo | | If the or | rganization | discontinu | ued its operat | tions or dispose | d of r | more tl | han 25% | of its net a | ssets | | |
| ၓ | | | | | | | | a) | | | | | 3 | 5 | |
| တီ | | | | | | | | Part VI, line 1b) | | | | | 4 | 0 | |
| ا≝: ک | | | | | | | | t-Valine 2a) | | | | | 5 | 3 | |
| ्रेङ्गी | | | | | | | | | • | | | | 6 | 0 | |
| JA B | | | | | | | | 12 \\\(\omega\) . | • • | • • • • | | | 7a | 0. | |
| 90 | b N | et unrelated | bus | iness taxable | income fro | m Form S | 990-T, line 34 | 'liöl' : 8in. | | <u>· · · · · · · · · · · · · · · · · · · </u> | · · · | · · · · | 7b | 0. | |
| | • • | | | (5) | . 411 41 | | . @ | 1 <u>E</u> | ١ | | | Prior Year | `— | Current Year | |
| ė | | | | grants (Part | | • | | | <i>Ĭ</i> / . | • • | · | | | | |
| le l | | | | evenue (Part | | | and 7d) | | ٠ ، ١٠ | | · | 7 227 | 225 | 0 (40 133 | |
| Revenue | | | | | | | 9c doe and | | • | | · | 7,237, | 333. | 8,640,133. | |
| | | | | | | | | lumn (A), line 12 | 21 . | | | 7,237, | 335 | 8,640,133. | |
| | | | | | | | | | | | | 5,447, | | 3,565,005. | |
| | | | | | | | | | | | | J, 441, | 300. | _3,303,003. | |
| | | | | | - | | | | | | | 717, | 500 | 738,303. | |
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | | | 111, | 200. | 130,303. | | | |
| Expenses | | | | - | | | | | • | | · | | - | | |
| Ä | | | _ | expenses (Pa | | | - | | | | | | | | |
| _ | 17 O | ther expens | ses (l | Part IX, colun | nn (A), line: | s 11a-11d | , 11f-24e). . | | | | · | 448, | | 383 , 658. | |
| | | • | | | | | X, column (A) | , line 25) . | • | | · | 6,613, | | 4,686,966. | |
| | | tevenue less | exp | enses Subtr | act line 18 | from line | 12 | <u> </u> | • • | · · · | _ | 624, | 004. | 3,953,167. | |
| Assets or | | | | | | | | | | | | ing of Curre | | End of Year | |
| afar. | 20 T | | • | X, line 16) . | | | | | | | . 11 | 6,632, | | 125,096,605. | |
| A B | 21 T | otal liabilitie | s (Pa | art X, line 26) | • • • | | | | • • | | · | 746, | 122. | 786,736. | |
| Fund | 22 N | let assets or | func | d balances S | ubtract line | 21 from l | ine 20 | <u></u> | ٠. | | . 11 | 5,886, | 540. | 124,309,869. | |
| Pa | rt II | Signatu | re E | Block | | | | | | | | | | | |
| Unde | r penalties | of perjury, I de | dare t | hat I have examir | ned this return, | including acc | companying sche | dules and statements | s and t | to the be | st of my kno | wledge and b | elief, it is t | rue, correct, and | |
| COM | nete Deur | arauori or prepar | | iler tran onicers | s based on all t | / / / | All a | as any knowledge | | | | - ^- | 1 | 1/ 1 = 19 | |
| | | - A | | 2 col | MAG | 1/0 | Chic | | | | | Date / LC | K4. | 16,2015 | |
| Siç | jn | Signati | u re-e r | onicer - | · | | | | | | · | Jale / | / | | |
| He | ге | Rob | | | lace, E | resid | ent | | | | | | | | |
| | | | | name and title | | | | | | | | | | | |
| | | Print/Type | prepar | er's name | | Preparer's | signature | | Dat | te | | Check | L If | PTIN | |
| Pa | | | | - 7.7 | | | 7) | 0.00 | | | | self-emplo | yed | | |
| | eparer | | е | NOU | <u>-Ра</u> | <u> </u> | rrep | arer | | | | _ | | | |
| Us | e Only | Firm's addr | ess | - | | | | | | | | Firm s EIN | | | |
| | | | | | | | | | | | | Phone no | | | |
| Ma | the IR | S discuss th | ıs ref | turn with the | preparer sh | own abov | /e? (see instr | uctions) | | | | | | . Yes No | |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/28/14

Form 990 (2014)

| | 1990 (2014) Foundation for Research | 88-0234196 | Page 2 |
|-----|--|--|--------------|
| Pai | Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u> </u> | |
| 1 | Briefly describe the organization's mission: | | |
| • | See Schedule O | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the p | nor | |
| | Form 990 or 990-EZ? | Yes | X No |
| | If 'Yes,' describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ? Yes | X No |
| | If 'Yes,' describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot and revenue, if any, for each program service reported. | as measured by expense hers, the total expenses | es. S, |
| 4 2 | a (Code) (Expenses \$ 2,500,000. including grants of \$ 2,500,000.) (R | levenue \$ |) |
| | Foundation for Research is a supporting organization to Clayton | | |
| | Foundation for Research (Clayton). The organization grants funds | s to | |
| | Clayton for its general support. Clayton uses such funds in carr | | |
| | out its primary mission () of the conduct modernly recognish in | | |
| | conjunction with hospitals for the purpose of discovering the cau | | |
| | The second secon | | |
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| | | | |
| | See Form 990, Page 2, Part III, Line 4a (continued) | | |
| | | | |
| 41 | (Code) (Expenses \$ 775,000. including grants of \$ 775,000.) (R | levenue \$ | <u> </u> |
| | See Schedule O | | <u> </u> |
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| | - (O-1) | | |
| 4 0 | (Code) (Expenses \$ 500,000. including grants of \$ 500,000.) (R | | |
| | The Host Range Mutations as Sources of Virus Vaccines grant to No | orth | |
| | Carolina State University focuses on developing a technique for t | the | |
| | production of vaccines for Arthropod Vectored viruses, such as | | |
| | Dengue Fever and West Nile virus. A number of patent application | <u>ns</u> | |
| | have been filed by RDF and several patents have issued on discove | | |
| | arising out of this research program. A license has been entered | ed into | |
| | by RDF with a commercial startup company that is interested in us | sing | |
| | this technology in order to bring a vaccine product to the market | t_that | |
| | can be successfully used to provide long term immunity against | | |
| | Dengue Fever. | | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | - |
| | ~ | | |
| 4 (| d Other program services (Describe in Schedule O) | | · |
| | (Expenses \$ 386,751. including grants of \$ -209,995.) (Revenue \$ | |) |
| 4 6 | e Total program service expenses ► 3,951,756. | | · |

Part IV | Checklist of Required Schedules Yes Nο 1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A. Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election Х 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 Х 5 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, Х 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Х 9 Х 10 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total 11 c Χ 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 Х 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 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. Х 11 f Х 12a 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 Х 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14b Х Х 15 16 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, 19 X Х 20 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

N/A

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) 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 organization or domestic 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 or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 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 | x | |
| 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 | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | N | A |
| (| Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | N/ | |
| • | Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? | 24d | N/ | Α |
| 25 a | a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 |
| J | 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 'Yes', complete Schedule L, Part II | 26 | - | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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) | | | |
| á | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| ı | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| (| An entity of which a current or former officer, director, trustee, or key employee (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 | | Х |
| 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 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Х | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ı | of 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/ | Α |
| 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 | Х | |
| 3ΔΔ | | Eores | 000 /2 | 20141 |

Form 990 (2014)

| Check if Schedule O contains a response or note to any line in this Part V | | | . [|
|--|------------|----------|-------|
| , | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 9 | | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 0 | | |
| 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 Statements, filed for the calendar year ending with or within the year covered by this return 2 a | 3 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i> | 3b | 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)? | 4a | | Х |
| b If 'Yes,' enter the name of the foreign country | | } | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | ~ |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | - | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | _ | Х |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | <u>5 c</u> | 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? | 6a | | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 в | N/ | Α |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | X |
| 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? | 7с | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | L |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | <u>7f</u> | | 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? | 7h | N/ | A |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | ng | | |
| organization have excess business holdings at any time during the year? | . 8 | N/ | A |
| 9 Sponsoring organizations maintaining donor advised funds. | 1 | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | <u> </u> | Α |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | <u>9</u> b | N/ | Α |
| 10 Section 501(c)(7) organizations. Enter | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A | | | |
| 11 Section 501(c)(12) organizations. Enter | | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | N/ |) |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | N/ | A |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b N/A | | | |
| 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? | 42- | | |
| Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | <u> </u> | 1 | - |
| TESAMOS DE PARA TOME 120 TO TEPOR THESE PAYMENTS / II NO, provide an explanation in Scriedule O | | N/ | |

Form 990 (2014) Foundation for Research 88-0234196 Page 6 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 No 1 a Enter the number of voting members of the governing body at the end of the tax year 5 of the governing body, or if the governing body at the end of the tax 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 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?......... 8 a **b** Each committee with authority to act on behalf of the governing body? . X 8 b 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. No 10a 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 N/A 10 h 11 a Χ **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X x 13 Χ 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 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . 16 a 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 take steps to safeguard the ¯N∤A organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed >

| BAA | L | TEEA0106 11/13 | 3/14 | | | For | m 990 (201 |
|-----|---|--|--------------------------------|--------------|-----------------------|-----------------|-------------------|
| | J. Russell Beekman | 1325 Airmotive Way, Suite 175 | Reno | NV_ | 89502_ | (775) | 329-311 |
| 20 | State the name, address, and telep | hone number of the person who po | ssesses the organization | n's book | s and records | • | |
| 19 | Describe in Schedule O whether (and if so, the public during the tax year | how) the organization made its governing | documents, conflict of interes | st policy, a | nd financial statemen | ts available to | |
| | Own website An | other's website | on request | Other (e | xplaın ın Schedul | e O) | |
| | for public inspection. Indicate how y | ou made these available. Check al | l that apply | | | | |

| • | | | | | | | | | | |
|--|-----------------------------|--------------------------------|-----------------------|---------|----------|--|--------|---------------------|----------------------------------|------------------------------|
| Form 990 (2014) Foundation for Research | | | | | | | | | 88-02341 | 96 Page 7 |
| Part VII Compensation of Officers, Dire | • | es, K | ey | Em | plo | yees | s, H | lighest Comp | ensated | |
| Employees, and Independent C Check if Schedule O contains a re | | o to | 201 | lin | o in | thic | Da | rt \/II | | |
| | | | | | | | | | <u> </u> | <u> </u> |
| Section A. Officers, Directors, Trustees, Key I | | | | | | | | | | 4h - |
| la Complete this table for all persons required to be organization's tax year. | е изтеа. Кероп с | comp | ens | atio | n to | or tne | cai | endar year endi | ng with or withir | i the |
| • List all of the organization's current officers, | | | | | | | ls o | r organizations) | , regardless of a | amount |
| of compensation Enter -0- in columns (D), (E), and | | | | | - | | £: : 4 | ion of Weath and | lavaa " | |
| List all of the organization's current key empl List the organization's five current highest co | | | | | | | | | | mplovee) |
| who received reportable compensation (Box 5 of Foorganization and any related organizations. | | | | | | | | | | |
| List all of the organization's former officers, k | ey employees, | and h | ighe | est : | con | npens | ate | d employees wh | no received mor | e than |
| \$100,000 of reportable compensation from the orga | nization and an | y rela | ited | org | anı | zatior | ıs. | | | |
| List all of the organization's former directors organization, more than \$10,000 of reportable comp | | | | | | | | | | e of the |
| ist persons in the following order: individual trustee | | | - | | | | • | = | | |
| compensated employees; and former such persons | | | | u | uot | 000, | 01110 | ioro, koy empio, | eco, mgmoot | |
| Check this box if neither the organization nor a | ny related organ | izatio | n c | om | oen | sated | an | y current officer, | director, or trus | stee. |
| | | | | ((| C) | | | | | |
| (A) | (B) | (40.5 | ot ch | | ition | e than o | 200 | (D) | (E) | (F) |
| (A) Name and Title | Average | box, | unles | s pe | rson | is both | n an | (D) Reportable | (E) Reportable | Estimated |
| | hours per week (list any | | | | irect | or/trust I ₀ ェ | _ | compensation from | compensation from related | amount of other |
| | hours for related | Individual to | nstit | Officer | ey e | mple | Former | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | organizations | dual ector | tion | " | ğ | st co | " | (W-2/1099-MISC) | (**-221033-111100) | organization |
| | below dotted line) | Individual trustee or director | Institutional trustee | |) Jee | mg | | | | and related organizations |
| | | e | stee | | | Highest compensated employee | | | | |
| | | | Щ | | | 8. | | | | |
| (1) Thomas J Brorby | * | | | | | | l | 00.500 | 407.500 | 22.224 |
| Trustee, Chairman (2) Robert M. Wallace | ** | X | | _ | _ | | | 66,560 | 127,592 | 36,301 |
| Trustee, President | | х | | х | | | | 149,761 | 294,003 | 79,273 |
| (3) Jarred W Sloan | * | | | | | | | | | |
| Trustee, Vice President, Treasurer | | _X_ | | X | | | | 122,023 | 321,741 | 79,323 |
| (4) Dudley R Dobie, Jr. | ** | | | | | | | | | |
| Trustee P. O. A. | | X | Ш | | _ | | | 66,560 | 127,952 | 1,017 |
| (5) Lynn P Carter Frustee | | x | | | | | | 66 560 | 277 204 | 70 202 |
| (6) Christopher MacKenzie | *** | ^ | | | | | | 66,560 | 377,204 | 79,323 |
| /ice President, Secretary | | | | Х | | | | o | l o | o |
| (7) John Russell Beekman | *** | | П | | | | | | | |
| /ice President, Assistant Treasurer | | | | Х | | | | 92,653 | 0 | 55,451 |
| (8) Joan S Dunlap | ** | | | | | | | | | |
| Assistant Secretary | | | Н | X | - | ļ | | 0 | 138,701 | 62,884 |
| * Works an average of 15 hours per week for Clayto | n Foundation for | Resea | ırch | and | ıts | elated | l gra | up of supporting | entities | |
| 10) | | | П | | | | | | | |
| ** Works an average of 40 hours per week for Clayt | on Foundation for | Rese | arcl | an | l its | relate | d gr | oup of supporting | entities. | |
| 11) *** Works an average of 2 hours per week for the Fo | undation and oth | ar Na | | ha | | | rtina | entities of Clares | n Foundation for | Pasaarah |
| 12) | randation and oth | PI INC | aua | Da: | -cu | Puppo | ung | enules of Claylo | ii i ouiluatioii ioi | rescarcii |
| **** Works an average of 40 hours per week for the | Foundation and o | her N | eva | da b | ase | d supi | porti | ng entities of Clay | ton Foundation fo | r Research |
| 13) | | | П | | m | | | - | | |

(14)

| Part VII Section A. Officers, Directors, Tru | ıstees, l | Key | En | nplo | oye | es, | ang | d Highest Con | pensated Em | ployee | S (conti | nued) |
|---|---|-------------|--------|-------|-----------------|---------------------------------|-------------|--|--|------------------------|--|------------|
| | (B) | į | | (0 | C) | | | | | | | |
| (A) Name and title | Average hours per | box | , unle | ss pe | rson directi | than o is both or/trust | an ee) | (D) Reportable compensation from | (E) Reportable compensation from | | (F) stimated int of oth | er |
| | week (list any hours for related organiza - tions below dotted line) | or director | - | | | Highest compensated employee | | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | com fi org an | pensation om the anization d related anization | n ' |
| (15) | | | | | | | | | | - | | . <u>-</u> |
| (16) | | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | _ | |
| (18) | | | | | | | - | | | | _ | |
| <u>(19)</u> | - | | | | | | | | | | | |
| (20) | | | | | | | | | | | - | |
| (21) | - | | | | | - | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | - |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1 b Sub-total | | | ٠. | | ٠. | • • | > | 564,117. | 1,387,193 | . ; | 393, | 572. |
| c Total from continuation sheets to Part VII, Secti | on A | | | | | • | • | 0. | 0 | | | 0. |
| d Total (add lines 1b and 1c) | | <u></u> | | | | | <u> </u> | 564,117. | | | 393 , | 572. |
| 2 Total number of individuals (including but not limite | d to those | listed | d ab | ove) |) who | o rec | eive | d more than \$100, | 000 of reportable c | ompensa | tion | |
| from the organization 2 | | | | | | | | | | | 1 | L NI - |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes.' complete Schedule J for such ii | | | | | | | | | | . 3 | - | X |
| For any individual listed on line 1a, is the sum of re the organization and related organizations greater to | than \$150, | ,0007 | If " | Yes' | con | iplete | Sc | hedule J for | | | | _ |
| 5 Did any person listed on line 1a receive or accrue of | compensat | tion fi | rom | any | unre | elated | d org | ganization or indivi | dual | 5 | X | X |
| for services rendered to the organization? If Yes, a Section B. Independent Contractors | complete s | scned | iuie | J 10 | rsu | cn pe | rsor | | · · · · · · | | 1 | A |
| Complete this table for your five highest compensa | ted indepe | ender | nt co | ntra | ctor | s that | t rec | ceived more than \$ | 100,000 of | | | |
| compensation from the organization Report compe | ensation to | rtne | cale | enaa | ar ye | ar er | ıaınç | | | | (C) | |
| Name and business address Description of services Compensation | | | | | | | | | | | | |
| Aberdeen Asset Mgmt P.O. Box 347458 | <u>P</u> ittsb | urc | 111 | Pi | H | 132 | ŊΙ | Investment Advi | 2017 SETAIGES | | 111, | 174. |
| | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | | |
| Total number of independent contractors (including \$100,000 of compensation from the organization.) | put not lir ► 1 | nited | to t | nose | e list | ed at | oove | e) who received mo | ore than | | | |
| \$100,000 of compensation from the organization | 1 | TEFA | 0108 | 03/0 | 09/15 | | | · | <u>L</u> | Form | 990 | 2014 |

| <u></u> | | Check if Schedule O contains a response or note to any lir | ie 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 |
| nts nts | | Federated campaigns 1a | | | | |
| žrai our | | Membership dues 1 b | | | | |
| s, (Am | C | Fundraising events 1 c | | | | |
| Sift Iar , | d | Related organizations 1 d | | | | |
| imi | е | Government grants (contributions) 1 e | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, and similar amounts not included above 1 f | ; | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | |
| a G | h | Total. Add lines 1a-1f | | | | |
| ue | | Business Code | | | | |
| Program Service Revenue | 2 a | | | | | _ |
| æ | b | , | | | | |
| ice | С | | | | | ` |
| Š | d | | | | | |
| Ë | е | | | | | |
| gra | f | All other program service revenue | | | | - |
| ဥ | | Total. Add lines 2a-2f · · · · · · · · · · · | | | | |
| | 3 | Investment income (including dividends, interest and | | | | |
| | J | other similar amounts) | 2,707,774. | | | 2,707,774. |
| | 4 | Income from investment of tax-exempt bond proceeds | 2,101,114. | | | 2,101,114. |
| | 5 | Royalties | | | | ·-· |
| | | (ı) Real (ıı) Personal | | | | |
| | 6 a | Gross rents | | | | |
| | | Less rental expenses | | | | |
| | | Rental income or (loss) | | | | |
| | | Net rental income or (loss) | | | | |
| | | (i) Savethan (ii) Other | | _ | | |
| | 7 a | Gross amount from sales of assets other than inventory 34,260,127. | | | | |
| | | , 31/200/12/1 | : | | | |
| | b | Less cost or other basis and sales expenses . 28.327.768. | | | | |
| | c | and sales expenses . | | • | | |
| | | Net gain or (loss) | F 020 2F0 | | | 5 000 050 |
| | | | 5,932,359. | <u> </u> | | 5,932,359. |
| Other Revenue | 8 а | Gross income from fundraising events (not including. \$ of contributions reported on line 1c) | | | | |
| è | | See Part IV, line 18 a | | | | |
| 1 | | Less direct expenses b | | | | |
| 큪 | | Net income or (loss) from fundraising events | | | _ | |
| 0 | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | Gross income from gaming activities See Part IV, line 19 | | | | |
| | | Less direct expenses b | | - | | _ |
| | С | Net income or (loss) from gaming activities ▶ | | | | |
| | | Gross sales of inventory, less returns and allowances | | | | |
| | | Less cost of goods sold b | | | | |
| | С | Net income or (loss) from sales of inventory ▶ | | | | |
| | 4.4 | Miscellaneous Revenue Business Code | - - - | | - | |
| | 11 a | | | | | <u> </u> |
| | b | · | | | | |
| | С | | | | | |
| | | All other revenue | | | <u> </u> | |
| | | Total. Add lines 11a-11d | | | | |
| | 12 | Total revenue. See instructions ▶ | 8,640,133. | | | 8,640,133. |
| RAA | | TEEA | | | | C 000 (004.4) |

| | 990 (2014) Foundation for Resea | | | 88-023 | 4196 Page 10 |
|------|--|---------------------------|------------------------------------|---|---------------------------------------|
| Par | t IX Statement of Functional Expens | ses | | | |
| Sect | ion 501(c)(3) and 501(c)(4) organizations must co | mplete all columns All o | ther organizations must d | complete column (A) | |
| | Check if Schedule O contains a res | sponse or note to any lin | e in this Part IX | | |
| | ot include amounts reported on lines /b, 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 domestic organizations and domestic governments See Part IV, line 21 | 3,565,005. | 3,565,005. | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | I |
| 5 | Compensation of current officers, directors, trustees, and key employees | 632,961. | 316,481. | 316,480. | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 87,646. | 43,823. | 43,823. | |
| 7 | Other salanes and wages | 07,040. | 43,023. | 43,023. | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | · · · · · · · · · · · · · · · · · · · |
| 10 | Payroll taxes | 17,696. | 8,848. | 8,848. | |
| 11 | Fees for services (non-employees) | 17,000. | 0,040. | 0,040. | |
| а | Management | | | | |
| | Legal | 19,170. | 9,585. | 9,585. | |
| | Accounting | 18,000. | 5, 505. | 18,000. | |
| | Lobbying | 10,000. | | | |
| | Professional fundraising services See Part IV, line 17 | | | | |
| | Investment management fees | 200,217. | | 200,217. | |
| | Other (If line 11g amt exceeds 10% of line 25, column | | | | |
| 40 | (A) amount, list line 11g expenses on Schedule O) | 11,250. | | 11,250. | |
| | Advertising and promotion | | | | |
| 13 | Office expenses | 7,932. | | 7,932. | |
| 14 | Information technology | | | | |
| 15 | Royalties | 22 700 | | 00 700 | |
| 16 | Occupancy | 23,700. | 2 472 | 23,700. | |
| 17 | . | 6,945. | 3,473. | 3,472. | |
| 10 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | <u>.</u> | |
| 23 | Insurance | 87,363. | | 87,363. | |
| 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 | 22. | 11. | .11. | <u></u> |
| | Retirement plan expense | 495. | 248. | 247. | |
| | Retiree health plan accrual | 8,564. | 4,282. | 4,282. | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 4,686,966. | 3,951,756. | 735,210. | |

26

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|----------------------------|----|--|--------------------------|------|--------------------|
| , | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash — non-interest-bearing | 48,492. | 1 | 339,737. |
| | 2 | Savings and temporary cash investments | 2,047,172. | 2 | 30,528. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 362,885. | 4 | 341,723. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | - | 6 | |
| \$ | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ا≯ | 9 | Prepaid expenses and deferred charges | 62,304. | 9 | 65,541. |
| | | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | |
| | b | Less accumulated depreciation | 0. | 10 c | 0. |
| | 11 | Investments — publicly traded secunties | 113,311,809. | 11 | 116,784,539. |
| | 12 | Investments – other securities See Part IV, line 11 | | 12 | |
| Ì | 13 | Investments – program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 800,000. | 15 | 7,534,537. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 116,632,662. | 16 | 125,096,605. |
| | 17 | Accounts payable and accrued expenses | 257,372. | 17 | 286,736. |
| | 18 | Grants payable | 488,750. | 18 | 500,000. |
| | 19 | Deferred revenue | - | 19 | |
| İ | 20 | Tax-exempt bond liabilities | | 20 | |
| es. | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| -1 | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| İ | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | 746,122. | 26 | 786,736. |
| es | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| ٤ | 27 | Unrestricted net assets | 18,930,703. | 27 | 27,354,032. |
| a | 28 | Temporarily restricted net assets | 10//30//103. | 28 | 2113341032. |
| | 29 | Permanently restricted net assets | 96,955,837. | 29 | 96,955,837. |
| Net Assets or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. | 20,233,037. | | <u> </u> |
| Ö | 30 | Capital stock or trust principal, or current funds | | 30 | 1 |
| ě. | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 488 | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| et. | 33 | Total net assets or fund balances | 115 006 540 | 33 | 124 200 060 |
| Ž | 34 | Total liabilities and net assets/fund balances | 115,886,540. | | 124,309,869. |
| | J# | Total national and not associated balances 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 116,632,662. | 34 | 125,096,605. |

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Form 990 (2014)

| | | 38- | 0234 | 196 | | 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 | • • • | <u></u> . | | | | . X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1 | | 8,6 | 40,1 | 133. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 | | 4,6 | 86,9 | 966. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | 3 | | 3,9 | 53,1 | 167. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 4 | 1: | 15,8 | 86,5 | 540. |
| 5 | Net unrealized gains (losses) on investments | | 5 | | | | 198. |
| 6 | Donated services and use of facilities | | 6 | | | | |
| 7 | Investment expenses | | 7 | | | | |
| 8 | Prior period adjustments | | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | 9 | | | 30,3 | 336. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| D | column (B)) | • • | 10 | 12 | 24,3 | 09,8 | <u> 369.</u> |
| Par | t XII Financial Statements and Reporting | | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | · · · | | | • • | | <u>. Ш</u> |
| | | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | 2 a | | x d |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | - | _ |
| t | Were the organization's financial statements audited by an independent accountant? | | | | 2 b | X | |
| | 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 Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| | | | | | | | |
| C | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audı | t, • • • • | | 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 Sir Audit Act and OMB Circular A-133? | ngle | | | 3 a | | Х |
| t | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require | ed au | ıdıt | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <u></u> . | <u></u> . | | 3 ь | N/ | A |
| BAA | | | | | Form | 990 (| (2014) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer Identification number

| Fou | ndation for Resear | rch | | | | 88-023419 | 6 | | | | | |
|------------------|---|--|--|--|-----------------------|---|---|--|--|--|--|--|
| Part | I Reason for Public | Charity Status (All or | rganizations must co | mplete | e this p | art.) See instruction | ıs. | | | | | |
| The o | rganization is not a private fo | undation because it is. (For | lines 1 through 11, check | conly on | e box) | | - | | | | | |
| 1 | A church, convention of | churches, or association of o | churches described in se | ction 17 | 0(b)(1)(| A)(i). | | | | | | |
| 2 | A school described in se | ction 170(b)(1)(A)(ii). (Atta | ch Schedule E) | | | | | | | | | |
| 3 | A hospital or a cooperati | ve hospital service organiza | tion described in section | 170(b)(| 1)(A)(iii) |). | | | | | | |
| 4 | A medical research orga | nization operated in conjunc | ction with a hospital desc | nbed in s | section | 170(b)(1)(A)(iii) Enter th | ne hospital's | | | | | |
| | name, city, and state | | | | | | | | | | | |
| 5 | An organization operated 170(b)(1)(A)(iv). (Comp | for the benefit of a college lete Part II) | or university owned or o | perated i | oy a gov | ernmental unit described | in section | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| 7 | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | |
| 8 | A community trust descri | bed in section 170(b)(1)(A) | (vi). (Complete Part II) | | | | | | | | | |
| 9 | from activities related to investment income and it | An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) | | | | | | | | | | |
| 10 | An organization organize | ed and operated exclusively | to test for public safety \$ | See sect | ion 509 | (a)(4). | | | | | | |
| 11 | or more publicly supported | ed and operated exclusively ed organizations described i at describes the type of sup | n section 509(a)(1) or se | ection 5 | 09(a)(2). | See section 509(a)(3). | | | | | | |
| а | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. | | | | | | | | | | | |
| b | management of the supp | | | | | | | | | | | |
| С | Type III functionally int organization(s) (see insti | egrated. A supporting organuctions) You must comple | nızatıon operated ın conr ete Part IV, Sections A, | ection w D, and E | ith, and | functionally integrated w | ith, its supported | | | | | |
| d | functionally integrated T | ly integrated. A supporting he organization generally momplete Part IV, Sections | ust satisfy a distribution | | | | | | | | | |
| е | Check this box if the organized, or Type III no | anization received a written in-functionally integrated suj | determination from the If | RS that is | s a Туре | I, Type II, Type III functi | onally | | | | | |
| f | Enter the number of support | ted organizations | | | | | 4 | | | | | |
| g | Provide the following inform | ation about the supported o | rganızatıon(s) | | | | | | | | | |
| | (i) Name of supported organization | (ii) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is organizati in your go docur | on listed overning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | | |
| | | | | Yes | No | | | | | | | |
| (A) | See Part VI | | | | | | | | | | | |
| . , , | | | | | | | | | | | | |
| <u>(B)</u> | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| | | | | | i | | | | | | | |
| <u>(D)</u> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <u>(E)</u> | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |
| BAA | For Paperwork Reduction | Act Notice, see the Instruc | tions for Form 990 or 9 | 90-EZ. | | Schedule A (Forr | n 990 or 990-EZ) 2014 | | | | | |

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 | | | | | | |
|------|---|----------------------|-------------------|----------------------|---------------------|----------------------|-----------|
| | ndar year (or fiscal year nning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activiti | es, etc (see instruc | ctions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and s | | | | • | ` '\ ' | ▶ 🔲 |
| | tion C. Computation of Pu | | | | | | |
| | Public support percentage for 201 | | | | | | <u></u> |
| 15 | Public support percentage from 20 | 113 Schedule A, Pa | art II, line 14 | | | 15 | <u>%</u> |
| 16 a | 33-1/3% support test — 2014. If and stop here. The organization of | | | | | | |
| b | 33-1/3% support test — 2013. If to and stop here. The organization of | | | | | | |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization method the organization meets the facts-a | eets the 'facts-and- | circumstances' te | st, check this box a | and stop here. Exp | olain in Part VI how | _ |
| t | 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and- | eets the 'facts-and- | circumstances' te | st, check this box a | and stop here. Exi | olain in Part VI how | the |
| 18 | Private foundation. If the organiz | ation did not check | a box on line 13, | 16a, 16b, 17a, or | 17b, check this box | x and see instructio | ns ▶ 🗍 |
| | | | | | | | |

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

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

N/A

| Sac | tion A. Public Support | | | | | | | |
|-------|--|---------------------|--------------------|----------------------|---------------------------------------|--------------|---------|---------------|
| | dar year (or fiscal yr beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | | (f) Total |
| | Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.'). | (4) 2010 | (0) 2011 | (0) = 0.1 | (a) 2013 | (8) 2014 | | (i) rotal |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | - | | _ | | | | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | - | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| c | Add lines 7a and 7b | | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | 1 | | | | |
| Sec | tion B. Total Support | | | | | | | |
| Calen | dar year (or fiscal yr beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | 1 | (f) Total |
| 9 | Amounts from line 6 | | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| - | Add lines 10a and 10b | | | | | | | |
| 12 | regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | | |
| | Total support. (Add lines 9, 10c, 11 and 12) | | | | | | | |
| | First five years. If the Form 990 is organization, check this box and st | top here | | | | | | <u>.</u> ▶ 🔲 |
| | tion C. Computation of Pul | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 15 | Public support percentage for 2014 | • • | | | | | 15 | |
| 16 | Public support percentage from 20 | | | | <u></u> | | 16 | |
| | tion D. Computation of Inv | | | | | | 15 1 | _ |
| 17 | Investment income percentage for | | - | - | | - t | 17 | |
| 18 | Investment income percentage from | | | | | <u>ı</u> | 18 | |
| | 33-1/3% support tests - 2014. If is not more than 33-1/3%, check the | ns box and stop h | ere. The organizat | tion qualifies as a | publicly supported | organızatıon | | ▶ ∐ |
| | 33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, or | check this box and | stop here. The or | rganızatıon qualıfie | es as a publicly sup | ported organ | ızatıon | ▶ 📋 |
| 20 | Private foundation. If the organize | ation did not check | a box on line 14, | 19a, or 19b, chec | k this box and see i | nstructions | | • |

esearch 88-0234196

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Sec | tion A. All Supporting Organizations | | | |
|-----|--|-----|----------|----------|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain | 1 | | х |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | | Х |
| 3 8 | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below | 3a | | x |
| I | b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination | 3b | N/A | A |
| (| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use | 3c | N/A | _ |
| 4: | a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below | 4a | | Х |
| 1 | b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | N/A | <u> </u> |
| (| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | 4c | N/A | A |
| 5 | a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | Х | |
| 1 | b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | N/A | <u></u> |
| | c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | N/A | <u> </u> |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI | 6 | | X |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990) | 7 | | X |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990) | 8 | | X |
| 9 | a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI | 9a | | X |
| | b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI | 9b | | X |
| ı | c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI | 9c | <u> </u> | X |
| 10 | a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer (b) below | 10a | <u></u> | Х |
| | b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings) | 10b | | X |

| _ | edule A (Form 990 or 990-EZ) 2014 Foundation for Research | 88-0234196 | | P | age 5 |
|----------|--|------------------------|--|-----|----------|
| Pa | rt IV Supporting Organizations (continued) | | | | , |
| 44 | Has the organization accepted a gift or contribution from any of the following persons? | - | | Yes | No |
| | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, | *** | | | |
| | governing body of a supported organization? | 1 | 1a | | Х |
| | b A family member of a person described in (a) above? | 1 | 1b | | х |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI | | 1c | | X |
| | ction B. Type I Supporting Organizations | | | | |
| <u> </u> | Stion B. Type I dupporting Organizations | | | Yes | Na |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly a | ippoint [| - | res | No |
| | or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' desc Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activ | лbe in | | | |
| | If the organization had more than one supported organization, describe how the powers to appoint and/or remove | /e | | | |
| | directors or trustees were allocated among the supported organizations and what conditions or restrictions, if an applied to such powers during the tax year | | 1 | | |
| 2 | | | 늰 | | |
| | Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing su | (s) uch | | | |
| | benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | - | 2 | | |
| S0. | ction C. Type II Supporting Organizations | <u></u> | _ | | <u> </u> |
| 360 | ction c. Type if Supporting Organizations | | | V | |
| | | - | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or to each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management | rustees | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization | | 1 | | Х |
| Sec | ction D. All Type III Supporting Organizations | | | _ | |
| | | | | Yes | No |
| 1 | Did the assessment of account to each of the assessment assessment to be the fall of the fall of the | | | | |
| • | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior to | ax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | 1 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | | _ | | <u> </u> |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | 2 | | |
| _ | | - | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at | | | | |
| | all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations play | /ed - | _ | | |
| | in this regard | | 3 | | <u> </u> |
| Sec | ction E. Type III Functionally-Integrated Supporting Organizations N/A | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se | e instructions): | | | |
| | a The organization satisfied the Activities Test. Complete line 2 below | · | | | |
| | | | | | |
| | b The organization is the parent of each of its supported organizations. Complete line 3 below | | | | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government en | tity (see instruction: | s) | | |
| 2 | Activities Test Answer (a) and (b) below. | | 1 | Yes | No |
| | | Г | | | |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those sup- | ported | | | |
| | organizations and explain how these activities directly furthered their exempt purposes, how the organization | was | i | | |
| | responsive to those supported organizations, and how the organization determined that these activities constitute substantially all of its activities | | 2a | | |
| | b Daltha advanta dasarbadas (a) asarbi da asbi dasabada abbi ba faatha asara da aba a | | | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reason | is for | | | |
| | the organization's position that its supported organization(s) would have engaged in these activities but for the | <u> </u> | <u>, </u> | | |
| | organization's involvement | | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees | of $igsqcup$ | | | |
| | each of the supported organizations? Provide details in Part VI | | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | of its | | | |
| | supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | | 3ь | | |

| Scho | idule A (Form 990 or 990 F7) 2014 Paradahian fan Dagarash | | 00.0 | 004106 | D |
|------|--|--------|---------------------------------------|-----------------------|--------|
| Par | dule A (Form 990 or 990-EZ) 2014 Foundation for Research Type III Non-Functionally Integrated 509(a)(3) Supporting Organia | anizat | | 234196 N/A | Page 6 |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec | Novem | ber 20, 1970. See insti | | |
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Currer (option | |
| 1 | Net short-term capital gain | 1 | | | |
| 2 | Recoveries of pnor-year distributions | 2 | | | |
| 3 | Other gross income (see instructions) | 3 | | | |
| 4 | Add lines 1 through 3 · · · · · · · · · · · · · · · · · · | 4 | | | |
| 5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | · · · · · · · · · · · · · · · · · · · | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Currer (option | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | | |
| а | Average monthly value of secunties | 1 a | | | |
| | Average monthly cash balances | 1 b | | | |
| | Fair market value of other non-exempt-use assets | 1 c | | | |
| | Total (add lines 1a, 1b, and 1c) | 1 d | | | |
| | Discount claimed for blockage or other | 1 ' | | | |

3

5

6

4

5

Enter greater of line 2 or line 3

Income tax imposed in prior year

BAA

factors (explain in detail in Part VI)

Multiply line 5 by 035. . .

Schedule A (Form 990 or 990-EZ) 2014

Current Year

| Sche | dule A (Form 990 or 990-EZ) 2014 | | | Page 7 |
|------------|---|--------------------------------|--|---|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Su | pporting Organization | ations (continued) | |
| <u>Sec</u> | tion D — Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exempt purpose | es | · · · · · · · · · · · · · · · · · · · | |
| 2` | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | of supported organization | ons, | |
| 3 | Administrative expenses paid to accomplish exempt purposes of suppo | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI) See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Sec | tion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014 | | | |
| a | | | | |
| b | | | | |
| С | | | | |
| d | | - | | |
| е | From 2013 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | 1 | 1/ |
| | Carryover from 2009 not applied (see instructions) | | | |
| | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2014 distributable amount | | | |
| | Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 | Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| а | | | | |
| b | | | | |
| C | | | | |
| d | Excess from 2013 | | | |
| | Excess from 2014 | | | |

Part VI 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 | (ii)EIN | (iii) Type | (IV) Is the o | organization | (v) Did yo | u notify the | (v) is the | organization | (vif) |
|-------------------------------------|------------|-------------------------|----------------|---|------------|--|------------|--------------|-----------|
| Organization | | of | | sted in your | " | on in col (i) | , ,, | organized in | Amount |
| | | organizati | governing | document? | of your | support? | the | US? | of |
| | | on | | | | | | | Support |
| | | (describe d on lines | Yes | No | Yes | No | Yes | No | |
| Olasta E. Line E. Branch | 7. 45.45.5 | | ļ. | <u> </u> | | | ļ | | |
| Clayton Foundation For Research | 74-1541767 | | X | | X | | X | | 2,500,000 |
| Research Development Foundation | 88-0234325 | 11b | | <u> X </u> | X | 1 | L _ X | | 775,000 |
| North Carolina State University | 56-6000756 | 6 | | X | X | | Х | | 500,000 |
| Oregon Health Sciences University - | 93-1176109 | 6 | | X | X | | X | | -209,995 |
| Casey Eye Institute | | | l | L | | | | | |
| Total | | | | | | | | | 3,565,005 |

Pt IV Sec A Ln 1 The applicable IRS regulations provide that the articles of organization of a Type II supporting organization that is "supervised or controlled in connection with" a supported organization described in Section 509(a)(1) or (a)(2) can designate by class or purpose one or more other beneficiary organizations described in Sections 509(a)(1) or (a)(2) with a closely related purpose or function so long as the class includes the commonly controlled supporting organization. Reg. Section 1.509(a)-4(d)(2). The articles of incorporation of Foundation for Research (the "Foundation") provide that it is organized and shall be operated exclusively for the benefit of (a) the Clayton Foundation for Research ("Clayton"); and (b) hospitals, medical and scientific schools and organizations which conduct or support medical and scientific research described in IRC Section 501(c)(3) and that are classified as other than private foundations under IRC Sections 509(a)(1) or (a)(2). Clayton is a tax-exempt medical research organization described in IRC Sections 170(b)(1)(iii) and 509(a)(1) whose primary mission is to fund medical research for the purpose of discovering the cause, prevention and cure of diseases for the benefit of mankind. Article II of the Foundation's articles of incorporation provides more specifically that it is limited to supporting the activities of Clayton and medical and scientific research by members of the class described in clause (b) above.

Pt IV Sec A Ln 5a The grant to Oregon Health Sciences University ("OHSU") was terminated as of June 30, 2014 because of the principal investigator's decision to move to another nonprofit research institution, Baylor College of Medicine in Houston, Texas ("BCM"). After such investigator's departure from OHSU and move to BCM, Clayton started funding a new project at BCM under the direction of the same investigator to allow for continuation of this research. Because OHSU is within the class of other organizations not designated by name in the Foundation's articles that it can support in addition to Clayton, this change was authorized under the written agreement between the Foundation and OHSU and did not require any amendment of the Foundation's organizing documents.

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

Department of the Treasury Internal Revenue Service Name of the organization

| | Foundation for Research | | | 88-02 | 3/106 | |
|-------|--|--|--|---------------------------------------|------------------------------|------------|
| Pai | Organizations Maintaining Donor | Advised Funds or Ot | her Similar Funds o | | 54190 | |
| | Complete if the organization answe | red 'Yes' to Form 990, | Part IV, line 6. | | , | |
| | | (a) Donor advised | funds | (b) Funds and | other acco | unts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | _ | | |
| 3 | Aggregate value of grants from (during year) | | | • | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor a are the organization's property, subject to the organization | dvisors in writing that the ass | sets held in donor advised | funds | Yes | No |
| 6 | Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of the impermissible private benefit? | ne donor or donor advisor, or | that grant funds can be use for any other purpose con | nferring , | — ∏Yes | □No |
| Da. | Conservation Easements. | | | | | |
| ira i | Complete if the organization answe | red '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 , recre | ation or education) | Preservation of a hist | torically importan | t land area | |
| | Protection of natural habitat | | Preservation of a cert | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization h last day of the tax year | eld a qualified conservation of | contribution in the form of a | a conservation e | asement on | the |
| | | | | Held at th | e End of th | e Tax Year |
| i | Total number of conservation easements | | | 2 a | | |
| 1 | Total acreage restricted by conservation easemen | ts | | 2 b | | |
| • | Number of conservation easements on a certified | historic structure included in | (a) | 2 c | | |
| • | Number of conservation easements included in (c) structure listed in the National Register |) acquired after 8/17/06, and | not on a historic | 2 d | | |
| 3 | Number of conservation easements modified, trantax year ► | sferred, released, extinguish | ed, or terminated by the or | rganization durin | g the | |
| 4 | Number of states where property subject to conse | rvation easement is located | • | | | |
| 5 | Does the organization have a written policy regard and enforcement of the conservation easements it | | | ations, | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, in | nspecting, and enforcing con | servation easements durin | ng the year | | |
| 7 | Amount of expenses incurred in monitoring, inspectors \$ | cting, and enforcing conserva | ation easements during the | e year | | |
| 8 | Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)? | e 2(d) above satisfy the requ | rements of section 170(h) |)(4)(B)(ı) · · · · · · · · · | Yes | No |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the | conservation easements in i | ts revenue and expense si ements that describes the | tatement, and ba organization's ad | lance sheet | t, and |
| | conservation easements Organizations Maintaining Collect | tions of Art Historia | Trocures or Oil | or Cimilar A - | | |
| Rai | Complete if the organization answe | red 'Yes' to Form 990, | Part IV, line 8. | er Similar As | | N/A |
| 1 8 | If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its financial s | d for public exhibition, educa | tion, or research in further | nt and balance s ance of public se | heet works ervice, provi | of de, |
| ı | If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items | r public exhibition, education | , or research in furtherance | e of public servic | t works of a e, provide t | ırt, he |
| | (i) Revenue included in Form 990, Part VIII, line | | | | \$ | |
| | (ii) Assets included in Form 990, Part X | | | ▶ \$ | \$ | |
| 2 | If the organization received or held works of art, hi amounts required to be reported under SFAS 116 | storical treasures, or other si (ASC 958) relating to these | mılar assets for financıal g tems | ain, provide the | following | |
| á | Revenue included in Form 990, Part VIII, line 1 . | | | ▶ \$ | \$ | |
| 1 | Assets included in Form 990, Part X | | | > \$ | · | |

| Part III Organizations Mainta | ining Collection | S DI AIL, HISLO | ricai i reasures, c | or Other Similar Ass | sets (contil | <u>nuea) </u> |
|---|--------------------------|-----------------------|---|---|--|--|
| 3 Using the organization's acquisition items (check all that apply) | n, accession, and oth | er records, check a | any of the following that | are a significant use of its | s collection | |
| · a Public exhibition | | d Loan o | r exchange programs | | | |
| b Scholarly research | | e Other | | | | |
| c Preservation for future genera | tions | _ | | | | |
| 4 Provide a description of the organi Part XIII | | | | | | |
| 5 During the year, did the organization to be sold to raise funds rather than | on solicit or receive do | onations of art, hist | torical treasures, or other | er sımılar assets | Yes | □No |
| Part IV Escrow and Custodia | | | | | | |
| line 9, or reported an a | mount on Form 9 | 90, Part X, line | 21. | | 000, 1 0.11 | N/A |
| 1 a Is the organization an agent, truste on Form 990, Part X2 | ee, custodian, or other | intermediary for c | ontributions or other as | sets not included | Yes | No |
| b If 'Yes,' explain the arrangement in | Part XIII and comple | te the following tab | ole: | ' | | |
| | | | | | Amount | |
| c Beginning balance | | | | . 1 c | | |
| d Additions during the year | | | | . 1 d | | |
| e Distributions during the year . | | | | 1 e | | |
| f Ending balance | | | | 1f | | |
| 2 a Did the organization include an am | nount on Form 990, P | art X, line 21, for e | scrow or custodial acco | ount liability? | Yes | No |
| b If 'Yes,' explain the arrangement in | Part XIII Check here | e if the explanation | has been provided in F | Part XIII | | |
| | | | | | | |
| Part V Endowment Funds. C | complete if the org | | wered 'Yes' to Forn | n 990, Part IV, line 1 | <u>0.</u> | |
| | (a) Current year | (b) Prior year | (c) Two years bac | ` - | (e) Four ye | |
| 1 a Beginning of year balance | 96,955,837. | 96,955,8 | 37. <u>96,955,83</u> | 7. 96,955,837. | 96,95 | 5 , 837. |
| b Contributions | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | 7. 96,955,837. | 96,955 | 5,837. |
| 2 Provide the estimated percentage | • | d balance (line 1g, | , column (a)) held as | | | |
| a Board designated or quasi-endowr | | <u>0.00</u> % | | | | |
| b Permanent endowment ► | 100.00 % | | | | | |
| c Temporarily restricted endowment | | <u>) 0</u> 용 | | | | |
| The percentages in lines 2a, 2b, a | nd 2c should equal 10 | 00% | | | | |
| 3 a Are there endowment funds not in | the possession of the | organization that | are held and administer | red for the | | |
| organization by | | | | | Yes | No No |
| (i) unrelated organizations | | | | | . 3a(i) | X |
| (ii) related organizations | | | · · · · · · · · · · · · · · · · · · · | | 3a(ii) | X |
| b If 'Yes' to 3a(II), are the related org | | • | | • | 3b | N/A |
| 4 Describe in Part XIII the intended u | | on's endowment fu | nds | | | |
| Part VI Land, Buildings, and Complete if the organiz | | Yes' to Form 9 | 90, Part IV, line 11 | a. See Form 990, Pa | art X, line 1 | 0. |
| Description of property | (a) Cos | t or other basis | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book | |
| 1 a Land | | | , | , | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | | | | | |
| d Equipment | | 9,046. | | 9,046. | | 0. |
| e Other | | <u> </u> | | 7,040. | | |
| Total. Add lines 1a through 1e (Column | <u>'</u> | 990. Part X. colum | nn (B), line 10c 1 | <u>'</u> | | 0. |
| BAA | 7 | | <u> </u> | | ule D (Form 9 | |

| (a) Description of security or category (including name of secunty) | (b) Book value | Part IV, line 11b. See Form 990, P | |
|--|--|---|---------------------------------------|
| (1) Financial derivatives | .l | (c) memor or variation cost of cite or | you mand talo |
| (2) Closely-held equity interests | | - | |
| (3) Other | | - | |
| (A) | · | | |
| <u> </u> | · | - | |
| (B) | | | |
| (C) (D) | ········· | | |
| (D) | - | - | |
| <u>(E)</u> | | | |
| (<u>F)</u> | · | | |
| (<u>G</u>) | - | | |
| <u>(H)</u> | | | |
| (1) | - | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12) • | • | <u> </u> | |
| Part VIII Investments — Program Related. Complete if the organization answered | 'Yes' to Form 990 | Part IV line 11c See Form 990 P | art X line 13 N/A |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-o | |
| (1) | (4,) = 11111111111111111111111111111111111 | (-) | , , , , , , , , , , , , , , , , , , , |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| | | | <u></u> |
| (5) | | - · · · | |
| (6) | | | |
| (7) | | | |
| (8) | | - | · |
| (9) | <u> </u> | | |
| (10) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. | <u>· </u> | <u> </u> | |
| Part IX Other Assets. Complete if the organization answered | 'Yes' to Form 990. | Part IV. line 11d. See Form 990. P | art X. line 15. |
| | escription | | (b) Book value |
| (1) Limited Partnership Investments | • | | 7,534,537. |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| | | | |
| (5) | | | |
| (5) (6) | | | |
| (5) (6) (7) | | | |
| (5) (6) (7) (8) | | | |
| (5) (6) (7) (8) (9) | | | |
| (5) (6) (7) (8) (9) (10) | | | |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), | line 15) | | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. | | | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to be | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability | | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to be a complete if the organization of liability (1) Federal income taxes | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to be a complete in the organization of liability (1) Federal income taxes (2) | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to be a complete in the organization of liability (1) Federal income taxes (2) (3) | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to be a complete in the organization of liability (1) Federal income taxes (2) (3) (4) | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to be completed in the organization of liability (1) Federal income taxes (2) (3) (4) (5) | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to be completed in the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a property of the complete in | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a property of the complete income taxes (2) (3) (4) (5) (6) (7) (8) (9) | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to 1 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a pescription of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) | Form 990, Part IV, line (b) Book value | 11e or 11f. See Form 990, Part X, line 25 | 7,534,537. |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to 1 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) | Form 990, Part IV, line (b) Book value | 11e or 11f. See Form 990, Part X, line 25 | |

| Part XI Reconciliation of Revenue per Audited Financial State | • | eturn. | |
|---|--------------------------|----------|-------------|
| Complete if the organization answered 'Yes' to Form 990, | <u> </u> | | |
| 1 Total revenue, gains, and other support per audited financial statements | | . 1 | 12,940,414. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a Net unrealized gains (losses) on investments | 2a 4,500,498 | . | |
| b Donated services and use of facilities | 2 b | | |
| c Recoveries of prior year grants | 2c | <u> </u> | |
| d Other (Describe in Part XIII) | 2d | 1 | |
| e Add lines 2a through 2d | | _ 2 e | 4,500,498. |
| 3 Subtract line 2e from line 1 | | . 3 | 8,439,916. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a 200,217 | . | |
| b Other (Describe in Part XIII) | | <u>-</u> | |
| c Add lines 4a and 4b | | _ 4 c | 200,217. |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | . 5 | 8,640,133. |
| Part XII Reconciliation of Expenses per Audited Financial Stat | ements With Expenses per | Returr | |
| Complete if the organization answered 'Yes' to Form 990, | • | | |
| 1 Total expenses and losses per audited financial statements | | . 1 | 4,486,749 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2 b | _ | |
| c Other losses | . 2 c | _ | |
| d Other (Describe in Part XIII) | 2 d | _ | |
| e Add lines 2a through 2d | | _ 2 e | |
| 3 Subtract line 2e from line 1 | | . 3 | 4,486,749 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a 200,217 | | |
| b Other (Describe in Part XIII) | · · · 4b | <u> </u> | |
| c Add lines 4a and 4b | | | 200,217. |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | <u>)</u> | . 5 | 4,686,966. |
| 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 information

> The Board of Trustees of the Foundation has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original donor contribution as of the contribution date of the donor-restricted endowment funds. result of this interpretation the Foundation classifies as permanently restricted net assets the original value of the donated contribution to the permanent endowment. Accordingly, only the income, including net realized and unrealized gains, is to be used for the Foundation's activities, except where such assets must be distributed in order to maintain the Foundation's tax-exempt status.

Pt V, Line 4

Pt X, Line 2

From the Federal Income Taxes section of the footnotes to the audited financial statements, "The Foundation has no uncertain tax positions."

BAA

Schedule **D** (Form 990) 2014

Schedule F (Form 990)

(14)

(15)

(16)

(17)

3 a Sub-total

b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) **Statement of Activities Outside the United States**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► Information about Schedule F (Form 990) and its instructions is

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue'Service

at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

| Foundation for Document | | | | 00 00041 | 0.0 |
|---|--|--|---|--|---|
| Foundation for Resea Part I General Informati | | Outoido Ab | - IInited States Complete | 88-02341 | |
| on Form 990, Part | | es Outside th | e United States. Complet | e if the organization | answered Yes |
| 1 For grantmakers. Does the the grantees' eligibility for the | organization main e grants or assista | tain records to sub nce, and the selec | estantiate the amount of its grant tion criteria used to award the gr | s and other assistance, ants or assistance? N | √A . ☐Yes ☐No |
| 2 For grantmakers. Describe United States. | ın Part V the orgar | nization's procedui | res for monitoring the use of its g | grants and other assistant | ce outside the |
| 3 Activities per Region (The fo | ollowing Part I, line | 3 table can be du | plicated if additional space is nee | eded.) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| . Central America | | | | | |
| (1) and Caribbean | 0 | 0 | None | N/A | 1,104,502. |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | • | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | - | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |

0

0

1,104,502.

1,104,502.

0

0

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 88-0234196

N/A

| (a) Name of organization (b) IRS code section and EIN (if applicable) (if applicable) (if applicable) | urpose (e) Amount of cash grant cash grant disbursement assistance (h) Description of non-cash non-cash disbursement assistance (h) Description of non-cash non-cash non-cash other) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| | (c) Region (d) Purpose of grant | | - | | | | | | |
| | | | | | | | | | |

Page 3 88-0234196

Pantil Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Foundation for Research Schedule F (Form 990) 2014

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2014 N/A (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA 9 (2 (1) 3 ල ₹ 9 (8) 6 (10) £ (12) (13) 5 (15) (16) (17)

| Sche | dule F (Form 990) 2014 Foundation for Research 8 | 8-0234196 | Page 4 |
|------|--|-----------------|-------------|
| Par | t IV Foreign Forms | | |
| 1 . | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | X Yes | No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | XYes | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | · · · Tyes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) | · · · Tes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) | · · · Tes | X No |
| BAA | TEEA3505 06/16/13 | Schedule F (For | n 990) 2014 |

Pant ♥ Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

N/A

| | <u>e</u> | Grants and Oth | nd Other Assistance to Organizations | o Organization | ď | | OMB No 1545-0047 |
|---|--|---|--|---------------------------------------|--|--|---------------------------------------|
| Form 990) | dwo ₂ | Vernments, ar | Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22 | the United St. | ates 1 or 22. | | 2014 |
| Department of the Treasury Internal Revenue Service | ► Informatio | on about Schedule I (| Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. |). uctions is at <i>www.irs</i> ., | jov/form990. | | Open to Public Inspection |
| lame of the organization | | | | | | Employer identification number | ation number |
| Ø | h | | | | | 88-0234196 | 91 |
| Part i General Information | General Information on Grants and Assistance | tance | | | | | 1 |
| Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use or | records to substantiate the a ard the grants or assistance' ton's procedures for monitor | amount of the grants or م من من من من من من من من من من من من من | e grants or assistance, the grantees' eligibility for the grants or assistance, and | s' eligibility for the grant | s or assistance, and | | × |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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. | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere 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. | c Organizations a | and Domestic Gove than \$5,000. Part II | ernments. Comple can be duplicated | ste if the organizat | ion answered 'Yes | s' to |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| 1) Clayton Foundation for Research One_Riverway, Suite.1500 Houston, TX 77056 7. | esearch 15 <u>00</u> 74-1541767 | 501(c)(3) | 2,500,000. | 0. | N/A | N/A | General Support |
| 2) Research Development Foundation -402 N. Division Street - CarsonCity, NV 89703 8 | ndation et 388_0234325 | 501(c)(3) | 775,000. | .0 | N/A | N/A | General Support |
| 3) North Carolina State University Box 124 | <u>versi</u> ty 56-6000756 | 170(b) (1) (A) (V) | 500,000. | .0 | N/A | N/A | Medical Research |
| 4) Oregon_Health_Sciences University - 3181_SW_Sam_Jackson_Park - Portland, OH 97201 | niversity Park 93-1176109 | 170(b)(1)(A)(V) | -209,995. | .0 | N/A | N/A | Medical Research |
| | | | | | | | |
| | 1 1 | | | | | | |
| 7 | 1 1 1 1 1 1 1 | | | | | | |
| (8) | 1 1 1 1 1 | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 1(c)(3) and government orga | anizations listed in the | line 1 table | | | | 4 |
| S Enter total number of other organizations listed in the line 1 table | Notice, see the Instruction | ns for Form 990. | | TEEA3901 06/19/14 | 06/19/14 | Schedu | Schedule I (Form 990) (2014) |

Schedule I (Form 990) (2014)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | | | | | | | | l |
|---|---|---|---|---|---|---|---|--|
| (f) Description of non-cash assistance | | | | | | | | liticaci information |
| (e) Method of valuation (book, FMV, appraisal, other) | | | | | | | | and in the state of the state o |
| (d) Amount of non-cash assistance | | | | | | | | miles III tool Com |
| (c) Amount of cash grant | | | | 1 | | | | - to C at to Carrier 200 |
| (b) Number of recipients | | | | | | | | and the information |
| (a) Type of grant or assistance | | | | | | | | Control of the children of the control of the control of the children of the c |
| | - | 2 | က | 4 | က | 9 | 7 | 2 |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Research, a medical research organization described in Section 170(b)(A)(iii) and hospitals, medical described in Section 501(c)(3) of the Internal Revenue Code and classified as other than private and scientific schools and organizations which conduct or support medical or scientific research foundations under Sections 509(a)(1) or 509(a)(2) of the Code. The Foundation does not make any The Foundation for Research is limited to supporting activities of the Clayton Foundation for grants or loans to individuals. Research Development Foundation and Clayton Foundation for Research submit an annual budget which is approved by the Foundation's Board at the beginning of the year. As needs arise during the year these two entities submit requests during the year for the approved grant amounts.

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

SCHEDULE J (Form 990)

Compensation Information

at www.irs.gov/form990.

or 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.

Information about Schedule J (Form 990) and its instructions is

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Foundation for Research

Employer Identification numbe

88-0234196

Part I **Questions Regarding Compensation** Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items X First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. 1 b Х 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Х Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee X Written employment contract X Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? . 4 a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 h Χ c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c Χ If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 a Х **b** Any related organization?..... 5 b Χ If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? . . . 6 a **b** Any related organization?..... 6 b Х If 'Yes' to line 6a or 6b, describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

Schedule J (Form 990) 2014

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

in column (B) reported as deferred in prior (F) Compensation Form 990 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual 162,241 360,796 66,560 66,560 163,893 130,342 66,560 456,527 201,585 (E) Total of columns (B)(I)—(D) 1,017 12,480 66,793 8,319 79,323 36,301 62,884 (D) Nontaxable benefits (C) Retirement and other deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation compensation reportable instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. (ii) Bonus & incentive compensation 122,023 321,741 66,560 127,592 149,761 294,003 . 66,560 127,592 66,560 377,204 138,701 (i) Base compensation \equiv \equiv ≘≘ \equiv Ξ Ξ $\in \Xi$ €€ Ξ \equiv $\in \Xi$ Ξ Ξ Ξ $\mathbf{\epsilon}$ 3 Trustee, Vice President, Treasurer (A) Name and Title Dudley R Dobie, Jr 6 Assistant Secretary Robert M Wallace 1 Trustee, Chairman 2 Trustee, President Thomas J Brorby Jarred W. Sloan Joan S. Dunlap Lynn P. Carter 4 Trustee 5 Trustee 9 œ တ 7 5 4 15 Ţ 9

Schedule J (Form 990) 2014

88-0234196

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Pt I Line la

approved the Board but such persons sometimes fly economy, depending upon routes and convenience of flight schedules. The policy does not permit charter travel, and no charter travel was provided to Foundation representatives on Foundation business may travel first class under the travel policy any such persons. Schedule J (Form 990) 2014

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2014

Department of the Treasury

Open to Public

| internal reve | nue Service | | | at | *********** | .gov//o | 1111330. | | | | | Ì | ····spc | Cuon | | |
|--|-----------------------------|--|---|-------------------------------|--|--|------------------------------|--------------------------------|----------------------|------------------------|--|---|--|----------------|------|--|
| Name of the | • | - | | | | - | | | | ployer i | | | mber | | | |
| | tion for | | | | | | | | | -023 | | | | | | |
| Part I | _ Excess B Complete if t | enefit Trans he organization | actions (se answered Yes | ction 5 | 01(c)(3 m 990, P |) and art IV, I | section 50° ne 25a or 25t | 1(c)(4) orga o, or Form 990 | anizatio D-EZ, Pa | ons o art V, li | nly). ne 401 | b. | | N/A | | |
| | (a) Name of disqua | lified person | (b) F | | between d | | | (c) Description of transaction | | | | | | (d) Corrected? | | |
| 1 | | | | person a | nd organiza | ition | } | | | | | | | Yes | No | |
| (1) | | | | | | _ | | | | | - | | | | | |
| (2) | | | | - | - | | | | | | | | | | | |
| (3) | · · | | | | _ | - | | | | | | | | | | |
| (4) | | | | | | _ | | | _ | | | | | | | |
| (5) | | | | | | | | | | - | | | | | | |
| (6) | | | | | • | | | - | | | | | | | | |
| 2 Ente | | f tax incurred by | | | | | | | | | ▶ \$ | | _ | | | |
| 3 Ente | er the amount of | f tax, if any, on l | ine 2. above, re | eimburse | d by the | organiz | ation | | | | ► S | | | | | |
| Part II | | and/or From | | | | | | | | | - 1 | | | | | |
| | Complete if t | he organization | answered 'Ye | s' on Fo | rm 990-E | Z, Pag | e V, line 38a (| or Form 990, | Part IV, | line 2 | 6, or if | the | | | | |
| | organization | reported an am | nount on Form | 990, Pa | rt X, line | 5, 6, or | 22 | | | | | | | N/A | | |
| (a) Name of interested person (b) Relationship with organization | | (c) Purpose of loan | fron | an to or n the ızatıon? | |) Original cipal amount | (f) Balance due | | (g) In (| default? | by boa | (h) Approved by board or committee? | | itten nent? | | |
| | | | To From | | | | | | Yes | No | Yes | No | Yes | No | | |
| (1) | | | | | | | | | - | 1 | | | | | | |
| (2) | | | | | <u> </u> | † | | 1 | | 1 | | | | | | |
| (3) | | | | | + | | | | | | | | | ļ | | |
| (4) | | | | | | | | 1 | | | <u> </u> | | \vdash | | | |
| (5) | | | | 1 | | † | | 1 | | | | <u> </u> | \vdash | | | |
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| (7) | | | | | | 1 | | | | 1 | İ | | | | | |
| (8) | | | | | <u> </u> | | | | | | † · · · · | | | | | |
| (9) | | | | | 1 | 1 | | | | | | | | | | |
| (10) | | 1 | | | | 1 | | 1 | | 1 | | | | | | |
| Total . | | | · | | · | | ▶\$ | • | | | | | | | | |
| Part III | Grants or | Assistance | Benefiting | Intere | sted P | erson | s. | | | | | • | | | | |
| | Complete if t | the organizatior | answered 'Ye | s' on Fo | rm 990, | Part IV | line 27 | | | | | | | N/A | | |
| (a) Name of interested person | | | (b) Relationship between interested person and the organization | | | person | | | | (d) Type of Assistance | | | (e) Purpose of assistance | | | |
| (1) | | | | | | <u>.</u> | | | | | | + | | | | |
| (2) | | | | | | | <u></u> | | | | | | | | | |
| (3) | | | | | | | | | | | | \dashv | | | | |
| (4) | | - - | | | | | - | | | | | | | | | |
| (5) | | • | - | | | | | | <u> </u> | | | + | | - | | |
| (6) | | | | | | | | | | | | \top | | | | |
| (7) | | | † · · · · · | _ | | | | | l | | | | | | | |
| (8) | | | † | | | | | | | | | | | | | |
| (9) | | | | | | <u> </u> | | | | | | | | | | |
| (10) | - | | 1 | | | | | | | | | | | | | |
| | Paperwork Re | duction Act No | tice, see the I | nstructi | ons for I | Form 99 | 90 or 990-EZ | | Sch | edule I | L (For | n 990 | or 99 | 0-EZ) 2 | 2014 | |

Rankiva Business Transactions Involving Interested Persons.

| | Complete if the organization a | answered 'Yes' on I | Form 990, Part IV, | line 28a, 28b, or 28c |
|--|--------------------------------|---------------------|--------------------|-----------------------|
|--|--------------------------------|---------------------|--------------------|-----------------------|

| ` (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Shar organiz reven | ลนดัก'ร |
|-----------------------------------|---|---------------------------|--------------------------------|------------------------------|---------|
| | | | | Yes | No |
| (1) Allıson, MacKenzie, et.al. | See schedule O | 34,104. | Legal & Admin. Services | | Х |
| (2) Brorby, Crozier & Dobie, P.C. | See schedule O | 87,646. | Legal Services | | Х |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | İ | |
| (9) | | | | | |
| (10) | | | | | |

Provide additional information for responses to questions on Schedule L (see instructions)

· SCHEDULE O (Form 990)

Department of Die Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization Foundation for Research

Employer identification number 88-0234196

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

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

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

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

Part III, Line 4b

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) 2014 | 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. The grant to Oregon Health Sciences University terminated in June of 2014. The University returned unused funds to the Foundation creating a credit of \$209,995 to program services. Research plans and budgets for all research projects funded by grants are reviewed and approved on an annual basis by the Foundation's Board.

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

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. 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") and together own more than 35% of 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.

| Schedule O (Form 990) 2014 | pg. 3 |
|----------------------------|--------------------------------|
| 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 has periodically engaged an independent consulting firm to review the legal fees paid to B.C&D. Such consulting firm examines the relevant facts and collects information and data from the Foundation and B,C&D. It also collects and analyzes compensation data from a peer group of comparable unrelated attorneys and law firms that it selects for comparability purposes. Such consulting firm then renders a written report and opinion containing its conclusions and recommendations. Such report (including a thorough description of the facts and the comparability analysis and data) is provided to the Foundation's Compensation Committee. Such committee, which has the sole authority to approve the compensation arrangement with B.C&D (including hourly rates), constitutes an authorized body composed of persons that do not have a conflict of interest with respect to such compensation arrangements under the rules and requirements set forth in Reg. 53.4958-6(c)(1). The committee meets and reviews the consulting firm's report and the comparability analysis and data. At the meeting, the committee has the opportunity to ask questions and request additional information from a Foundation representative on the committee (who recuses himself from the meeting before any action is taken). After review of the relevant documents and data and after deliberations, the independent committee members make the determination with respect to the amount and reasonableness of the compensation arrangement. Such determination is binding on B,C&D. Detailed minutes of each Compensation Committee meeting are contemporaneously prepared and maintained in the Foundation's files.

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

Form 990 is prepared by the Foundation's accounting staff and sent to the Brorby, Crozier & Dobie law firm for review by a tax partner. Each trustee is also given a copy of the return for review. The return is then presented by the Treasurer at a board meeting of the trustees prior to filing. During such presentation there is a discussion of the answers to key questions and of the required disclosures in Form 990. Once satisfied with the content of the Form 990, the trustees approve the return for filing with the

| Schedule O (Form 990) 2014 | pg. 4 |
|----------------------------|--------------------------------|
| Name of the organization | Employer Identification Number |
| Foundation For Research | 88-0234196 |

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

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

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

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

| Schedule O (Form 990) 2014 | pg. 5 |
|----------------------------|--------------------------------|
| Name of the organization | Employer Identification Number |
| Foundation For Research | 88-0234196 |

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

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

 Describe the process in Schedule O

Several written opinions have been obtained from well recognized independent accounting and consulting firms as to the reasonableness of the compensation being paid to the officers and trustees of the Foundation (including amounts paid by related organizations). In addition, all steps listed in the regulations under IRC Section 4958 (including approval by a compensation committee composed of disinterested persons) have been taken to obtain the rebuttable presumption that compensation paid to the trustees and officers is reasonable. More specifically, the Foundation has periodically engaged 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) 2014 | 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 \$ (30,336)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Foundation for Research

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. Related Organizations and Unrelated Partnerships

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

88-0234196

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

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(f)
Direct controlling
entity 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. (e) End-of-year assets (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Ξ¦ (Z) ල¦

| one or more related tax-exempt organizations during the tax year. | mons during me tax year. | | | | | | |
|---|--------------------------|---|-------------------------------|--|-------------------------------|---|----------------|
| (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? | (13) nlity? |
| | | | | | | Yes | No |
| (1) Clayton Foundation for Research | | | | | | | |
| 1 | | | | | | | |
| Houston, TX 77056 | Conduct Medical | | | | | | |
| | Research | TX | 501 (c) 3 | Line 4 | N/A | | × |
| (2) Clayton Foundation Company | | | | | Clayton | | |
| One_RiverwaySuite_1500 | | | | | Foundation | | |
| Houston, TX 77056 | Title Holding | | | | for | | |
| 74-6035675 | Company | TX | 501 (c) 2 | N/A | Research | × | |
| (3) Clayton Medical Research Foundation, Inc. | | | | - | | | |
| - 402 N. Division Street | | | | | | | |
| _ Carson_City, NV 89703 | _Medical | | | | | | |
| 51-0306704 | Research | DE | 501 (c) 3 | Line 11, Type 2 N/A | N/A | | × |
| (4) See Cont. Sheet for Sch. R. Part II | | | | | | | |
| | | | | | | | |
| | _ | | | | | | |

Schedule R (Form 990) 2014

TEEA5001 08/22/14

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

Page 2

Schedule R (Form 990) 2014 Foundation for Research

Part III 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.

| domicile controlling (related, unrelated, noome end-of-year tionate sections) country) country) country) figure or entity country) figure or entity country) figure or entity country) figure or entity | (a) Name, address, and EtN of | (b) Primary activity | (c) | (d) Direct | (e) Predominant income | (f) Share of total | (g) Share of | (h) Dispropor- | (i) Code V-UBI | (j) General or | · (k) Percentage |
|---|---|-------------------------|----------------------------------|-----------------------|---|-----------------------|-----------------------|-------------------------|-------------------|-------------------|------------------|
| 1) | related organization | | domicile (state or foreign | controlling entity | (related, unrelated, excluded from tax under sections | income | end-of-year assets | tionate allocations' | | | ownership |
| | | | country) | | 512-514) | | | Н | 1 1 | Yes | |
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| the contract of the contract o | יוסימנטם סופשווובט | and in classed as | s a corporation | . 6 | ino tan Joan: | | | | |
|--|----------------------|-------------------------------------|-------------------------------|-------------------------------------|---------------------------------|--|--------------------------------|---|------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? |)(13) entity? |
| | | (dump) | _ | or ages | | | | Yes | No |
| (1) Foundation Services, Inc. | | | | | | | | _ | |
| | | | | | | | | - | |
| 402 N. Division Street | Holding | | | | | | | | |
| Carson City, NV 89703 | Company | NV | N/A | C | 0. | 0. | 0.00 | | × |
| (2) Clayton Blotechnologies, Inc | | | Foundation | | | | | | |
| 76_0377287 | | | Services, | | | | | | |
| One Riverway, Suite 1520 | Technology | | Inc. | | | | | | |
| | Transfer | NV | | c | 0. | 0. | 0.00 | × | |
| (3) See_ContSheet_for_SchR, Part_IV_ | | | | | | | | | |
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Part V | Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | N N |
|--|---|-----------------------|---------------------------------------|--------|--------------|
| 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? | isted in Parts II-IV? | | | Ŀ | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | 1. | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | - 10 10 | × | |
| (S | | | - - - | | × |
| | | | 19 | | × |
| | | | | | : |
| Loans or loan guarantees by related organization(s) | | | - : | ╛ | × |
| | | | 1 | | |
| f Dividends from related organization(s) | | | : 1 | | × |
| g Sale of assets to related organization(s) | | | 19 | | × |
| h Purchase of assets from related organization(s) | | | <u>۔</u> : | | × |
| Exchange of assets with related organization(s) | | | = : | L | × |
| | | | = : | | × |
| | | | | | 1 |
| | | | 1 | | ; |
| K. Lease of racinites, equipment, of other assets from retated organization(s) | | | <u>:</u> : | | 4 |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | = : | | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | - : | | × |
| o Sharno of naid employees with related organization(s) | | | 19 | | × |
| | · · · · · · · · · · · · · | | | | \ _ |
| | | | 1 | | |
| p Reimbursement baild to related diganization(s) for expenses | • | | <u>-</u> : | 1 | |
| q Reimbursement paid by related organization(s) for expenses | | | | | × |
| | | | | | |
| r Other transfer of cash or property to related organization(s) | | | .: | | × |
| s Other transfer of cash or property from related organization(s) | | | 1s | | × |
| 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. | red relationships and tra | insaction thresholds. | - | | |
| 1 | (q) | (c) | | Ð | |
| Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amount involved | determ | guiuit ed |
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| 4/N(t) | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

N/A

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, excluded from tax under | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065) | (J) General or managing partner? | | (k) Percentage ownership |
|---|----------------------|---|--|-------------------|---------------------------------|---------------------------------|-----------------------------------|--|---|---------|--------------------------------|
| | | | section 512-514) | Yes No | | | Yes No | | Yes | No | |
| (1) | | | | | | | | | | | |
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Particular Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

N/A

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Schedule R Cont (Form 990) 2014 Foundation for Research

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

Schedule R Cont (Form 990) 2014 Foundation for Research

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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? | (b)(13) |
|--|-------------------------|---|-------------------------------|--|---------------------------------|---|---------|
| Research Development Foundation 402 N. Division Street Carson City, NV 89703 | Technology | ΔN | 501(c)3 | Line 11, Type 2 | N/ N | | g × |
| | | 28 | Exempt Swiss Charity | Type 2 | N/A | | × |
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| | <u> </u> | TEEA5102 08/22/14 | | | Schedule R Cont (Form 990) 2014 | (Form 990 |) 2014 |

Continuation of Part VI — Supplemental Information

Pt IV Sec C Ln 1 The Foundation does not have an overlapping majority of its governing board with the governing boards of either North Carolina State University ("NCSU") or OHSU, both of which are public universities that are within the class of other supported organizations that are designated by class or purpose rather than by name in the Foundation's articles of incorporation. The IRS regulations require that a Type II supporting organization must establish the common control relationship with one or more of the supported organizations. Reg. Sections 1.509(a)-4(d)(2). A majority of the Foundation's trustees also constitute a majority of the trustees of Clayton. The presence of this common supervision and control among their respective governing bodies ensures both that the Foundation will be responsive to the needs and requirements of Clayton and that the control and management of the Foundation is vested in the same persons that control and manage Clayton.