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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

➤ Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For t	he 2014 calen	dar year, or tax y	ear begin	ning		, 2014, ;	and endin	g			,	
В	Check	if applicable	C Name of organiza	otion RES	EARCH DE	VELOPME	NT FOUND	ATION		D Employ	er Identi	fication number	
	∏₽	ddress change	Doing business a	is						88-	0234	325	
	П	lame change	Number and street	et (or PO box	if mall is not deliv	ered to street ac	idress)	Room/s	suite	E Telepho	ne numb	er	
	$\prod_{i}$	nitial return	402 N. Div	rision :	St.					(77	5) 6	87-0245	
	П	inal return/terminated	City or town, state			or foreign postal	code						
	$\prod_{A}$	mended return	Carson Cit	.v			NV	89703		G Gross r	eceipts	\$ 7,084,49	<b>37</b> .
	$\prod_{\lambda}$	pplication pending	F Name and address		officer				H(a) Is this a				es X No
	ш	-	Robert M. Wallace	e		Same as	C Above		H(b) Are all s	subordinates	included	?	es No
$\overline{\Gamma}$	Tax	-exempt status	X 501(c)(3)	501(c) (	) <b>▼</b> (in	sert no )	4947(a)(1) or	527	II NO, 1	attach a list (	see instr	(Clions)	
J		ebsite: N/			, , ,	· · · · · · · · · · · · · · · · · · ·			H(c) Group	exemption nu	mber 🕨	•	
$\overline{K}$	For	m of organization	X Corporation	Trust	Association	Other >	LY	ear of formation	on 1989	9 M s	State of le	egal domicile N	11/
Pa		Summai	<del></del>										
			be the organizatio	n's mission	or most sign	ificant activi	ties: To	advanc	e medic	al and	scie	entific re	esearch
ക		-	the transf		_								
Z / ZUID Governance	1		granting										
~Ë		pursuant	_to_researd	ch cond	ucted or	sponso	red_by_ce	e <u>rtain</u>	other	charit	able	organız	ations
<u>_</u> 8	2	Check this bo		-		•	ns or disposed						
	3		iting members of t								3		5
Ξã	5		dependent voting of individuals em								5		0
₹≅	6		of volunteers (es		-	•					6		2
وتأثي	-		ed business reven								7a		0.
4	I		l business taxable								7b		0.
7		<del></del>	<del></del>							rior Year	-	Current	Year
Revenue ARM Activities &	8	Contributions	and grants (Part	VIII, line 1h	1)				. 3	,555,0	00.	77	5,000.
ă	9	Program serv	rice revenue (Part	t VIII, line 2	g)					,477,5			3,527.
eve.	10	Investment ir	come (Part VIII, c	column (A),	lines 3, 4, an	d 7d)				-391,0	)67.	51	1,761.
ď	11		e (Part VIII, colun						· [				
	12	Total revenue	e – add lines 8 th	rough 11 (r	nusi e liual P	art VIII, colur	mn(௸)∫line 12	<u>!)</u>	. 5	,641,5	502.	6,90	0,288.
	13	Grants and s	ımilar amounts pa	ad (Parl	coldifin (A),	lines 1-3) B	· / [2] · · ·		٠ ــــــــــــــــــــــــــــــــــــ				<del> </del>
	14	Benefits paid	to or for member	s (Part IX	နှံဝုံlumnှု(A)ြျ၊	ne 4) "-"	1551		٠ ــــــــــــــــــــــــــــــــــــ				
S	15		er compensation,				(A)=tines 5-10	)	·  1	,028,6	540.	7.6	9,415.
Expenses	16	a Professional	fundraising fees (	Part IX, còl	Allo (A) Hillio	المندلالفال							
x		b Total fundrai	sing expenses (Pa	art IX, colu	nn (D) line 2	5) -							
W	17	Other expens	ses (Part IX, colur	nn (A), line	s 11a-11d, 1	1f-24e)			. 3	3,708,6	590.		75,801.
	18	Total expens	es Add lines 13-1	17 (must ed	jual Part IX, c	column (A), l	ıne 25)			1,737,3			5,216.
	19	Revenue les	s expenses Subtr	ract line 18	from line 12					904,			55,072.
8									Beginnı	ng of Curre		End of	Year
Posts	20	Total assets	(Part X, line 16) .		<del>.</del>					3,213,9			74,997.
Ā	21	Total liabilitie	s (Part X, line 26)	)	<b></b> .					703,	689.	61	0,812.
Ž	22	Net assets o	r fund balances S	Subtract line	21 from line	20			. 17	7,510,2	269.	19,86	54,185.
P	irtil	Signatu	re Block										
Und	er pen	alties of perjury, I de	clare that I have exami	ned this return,	including accom	panying schedul	es and statements	, and to the be	est of my know	dedge and be	lief, it is t	true, correct, and	
com	piete.	Declaration of prepa	rer (other than officer)	s pased on all	information of whi	ich preparer has	any knowledge			/}_	Ω	71-0	<del>~~</del>
			1/Alest	2 h/l	Alt	Ulle	ee_			Hu	4	10,74	<u> </u>
	gn	Signat	ure of efficer	///					יט	ate		• 1	
He	re		ert M Wall	ace	<del> </del>				Pres	ident			
_		<del></del>	or print name and title.		I Book and			I Date		<del>                                     </del>	т-	OTIN	
		Print/Type	preparer's name		Preparer's sign	nature		Date		Check	ıf	PTIN	
	iid	<u> </u>	<del> </del>	<del>- 1</del>	<del> </del>	****	1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/	<u> </u>		self-employ	red	l	
	epa		ne <u> </u>	<u>-Pa</u>	<u> 10 P</u>	<u>repa</u>	<u>arer</u>			4_	_		
US	e O	nly Firm's add	ress							Firm's EIN			
										Phone no		Late :	<del></del>
_			is return with the	<del></del>		<del>.`</del>		· · · · ·	· · · · ·	<u></u>	<u>· · · ·</u>	· X Yes	No
BA	AF	or Paperwork	Reduction Act N	otice, see	the separate	instruction	15.	TE	EA0101 05/2	28/14		Form 9	990 (2014)

Form	990 (2014)	RESEARCH DEVELO	OPMENT FOUNDATION		88-0234325	Page 2
Par	t III State	ement of Program S	ervice Accomplishments	<del></del>		
•	Check	if Schedule O contains a	response or note to any line in this Part	III	<u> </u>	X
1	Briefly describ	be the organization's missi	ion;			
	See Sche	dule O				
	Did the organ	ization undertake any sign	nificant program services during the year	which were not listed on the	ne prior	
	_		· · · · · · · · · · · · · · · · · · ·		_	X No
		ibe these new services on				<u> </u>
	-					. Na
			or make significant changes in how it co	onducts, any program service	ces? Yes	X No
		be these changes on Sch				
	Section 501(c	organization's program se c)(3) and 501(c)(4) organiz if any, for each program s	rvice accomplishments for each of its the cations are required to report the amount ervice reported	ree largest program service t of grants and allocations to	is, as measured by expension of the same o	es 3,
4 a	(Code:	) (Expenses \$	4, 180, 012. including grants of	\$	) (Revenue \$	)
	See Sche	edule O				
4 b	(Code	) (Expenses \$	including grants of	\$	) (Revenue \$	)
			<del>-</del>			
				<b>-</b>		
4 c	(Code	) (Expenses \$	including grants of	\$	) (Revenue \$	}
_	,					,
				<del> </del>		
4 d	Other program	m services (Describe in S	chedule O.)			
4 d	Other program	m services (Describe in S	chedule O.)	) (Revenue	\$	)

### Part IVA Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.............. X Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . . . . . Х 3 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, 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х 9 Х 10 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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. . . . . Х 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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII . . . . . . . . . . . . Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 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 111 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 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? . . . . . 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Χ 15 Х Х 16 Х 17 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, complete Schedule G, Part III. . . . . . . Х 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . 20 N/ 20 b

Par	t IV	Checklist of Required Schedules (continued)		-	
	•			Yes	No
21		e organization report more than \$5,000 of grants or other assistance to any domestic organization or stic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22		e organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, in (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	. <u> </u>	х
23	and fo	e organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current immer officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete fule J	23	Х	
24 a	the las	e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of st day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and ete Schedule K If 'No, 'go to line 25a	24a		х
t	Did th	e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/	A
C		e organization maintain an escrow account other than a refunding escrow at any time during the year to defease x-exempt bonds?	24c	N/	A
C	Did th	e organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d	N/	
25 a	Section transa	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit action with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	that th	organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and le transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete fulle L. Part I	25b		x I
26	Did th	e organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or rofficers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		Х
27	contrib	e organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial butor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was t	he organization a party to a business transaction with one of the following parties (see Schedule L, Part IV ctions for applicable filing thresholds, conditions, and exceptions)			
á	A curr	ent or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŧ		ily member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete dule L, Part IV</i>	28b		х
(	officer	tity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an r, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did th	e organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did th	e organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation butions? If 'Yes,' complete Schedule M	30		X
31		e organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did th Sched	e organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete dule N, Part II	32		Х
33	Did th 301 7	e organization own 100% of an entity disregarded as separate from the organization under Regulations sections 701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	and P	he organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	Х	
35 a	Did th	e organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	o If 'Yes entity	s' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	N/	A
36	Section organ	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related ization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did th treate	e organization conduct more than 5% of its activities through an entity that is not a related organization and that is d as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did th	e organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  All Form 990 filers are required to complete Schedule O	38	Х	

BAA

	1990 (2014) RESEARCH DEVELOPMENT FOUNDATION	88-0234325		Pa	age
Par	t V   Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				Г
<u>`</u>	Check it Schedule O contains a response of note to any line in this Part V		· · ·	Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	18	-+	163	-110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				
C	(gambling) winnings to prize winners?		1 c	Х	
2 a	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	2		İ	
b	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	:	3 a		Х
b	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	:	3 b	N/	4
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)		4 a		Х
b	o 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	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.		5 b	N/I	4
С	tf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<i>.</i>	5 c	N/I	A.
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible as charitable contributions?	zation	6 a		Х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?		6 ь	N/A	Α
7	Organizations that may receive deductible contributions under section 170(c).		$\neg$		
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods are services provided to the payor?	nd	7 a		X
h	of Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>}</b>	7 b	77.4	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requir	<b>⊢</b>	15	N/I	<u>.                                    </u>
·	Form 8282?		7 c		X
d	d if 'Yes,' indicate the number of Forms 8282 filed during the year	N/A			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	[	7 f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g	N/i	A
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7 h	N/	A.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	organization have excess business holdings at any time during the year?		8	N/	A
9	Sponsoring organizations maintaining donor advised funds.				
а	a Did the sponsoring organization make any taxable distributions under section 4966?	<i>.</i>	9 a	N/	A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b	N	— A
10	Section 501(c)(7) organizations. Enter				
а	a Initiation fees and capital contributions included on Part VIII, line 12	N/A			
ь	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	N/A			
11	Section 501(c)(12) organizations. Enter				
а	a Gross income from members or shareholders	N/A	-		
b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	N/A			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2 a	N/	A
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	N/A	$\dashv$		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	a Is the organization licensed to issue qualified health plans in more than one state?	1	3 a	N	A
	Note. See the instructions for additional information the organization must report on Schedule O.	<del> </del>	$\dashv$		
b	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	N/A			

13 c

N/A

Form 990 (2014) RESEARCH DEVELOPMENT FOUNDATION 88-0234325 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . . 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 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 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . . . . . . . . . . . . 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 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 operations are consistent with the organization's exempt purposes?............... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . . . Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 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 13 X Did the organization have a written whistleblower policy? . . . . . Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х **b** Other officers or key employees of the organization . . . . . . . 15<sub>b</sub> Х 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 Х 16: 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: 20

Russell Beekman

, Form 990 (2014)	Research Development Foundation	nn.								88-02343	325 Page <b>7</b>
Part VII	Compensation of Officers, Dire		es, K	ey	Em	plo	yee	s, F	lighest Comp		720 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Employees, and Independent C		•	•		•					<u> </u>
	Check if Schedule O contains a re	esponse or not	te to	any	<u>lin</u>	e ır	this	Pa	rt VII .	<u> </u>	<u> </u>
Section A.	Officers, Directors, Trustees, Key I	Employees, and	d Hig	hes	t C	om	pens	ate	d Employees	<u></u>	<del></del>
•	this table for all persons required to be	elisted Report	comp	ens	atio	n fo	or the	cal	endar year endi	ng with or within	the
organization's	•	P 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	,								
List all     List the who received organization a     List all	of the organization's current officers, of the organization's current key employed of the organization's current key employed organization's five current highest correportable compensation (Box 5 of Formand any related organizations of the organization's former officers, keyportable compensation from the organization from the or	(F) if no compe loyees, if any S impensated emp irm W-2 and/or ey employees, a	nsations of the second	on v stru es ( 7 of	vas ctio othe For	pai ens f er th m 1	d. for de nan a 099-l npens	finit n of MIS	tion of "key emp fficer, director, tr C) of more than	loyee " rustee, or key er \$100,000 from	mployee) the
	of the organization's former directors										e of the
•	more than \$10,000 of reportable comp			_				•	•		
	in the following order individual trustee I employees, and former such persons		nstitu	ition	al t	rust	ees,	offic	ers, key employ	ees; highest	
	is box if neither the organization nor a		uzatio	.n.c	omi	non	cator	lan	v current officer	director or true	stoe
Check th	is box if fieldler the organization flor an	lly related organ	lizatio	,,,,,			Salec	an	y current officer,	, director, or trus	
	(A) Name and Title	(B) Average hours per week (list any	box,	unles er an	Pos neck ss pe	erson	e than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Thoma Trustee, Cha	s J. Brorby Irman	*	X						38,832	   155,320	36,301
	M Wallace	**				<u> </u>			00,002	,	33,331
Trustee, Pres	sident		X	<u> </u>	X	<u> </u>		<u> </u>	122,033	321,731	79,273
	W Sloan	**						Ì			
`	President, Treasurer  R Dobie, Jr.	*	X		X	├	-	┢┈	94,295	349,469	79,323
Trustee	N Doble, Ji.		Х						38,832	155,320	1,017
<b>(5)</b> Lynn P	Carter	**							00,000	, , , , , , ,	1,5
Trustee			Х			L.	<u></u>	_	38,832	404,932	79,323
	pher MacKenzie	***	ł		,						
Vice Presider	ussell Beekman	***			X			<del> </del>	0	0	0
	nt, Assistant Treasurer				x				o	92,653	55,451
(8) Joan S		**			<del>  ``</del>	<del>                                     </del>	i	-	i	02,000	00,407
Assistant Sec					X				0	138,701	62,884
(9) * Works	an average of 15 hours per week for Clayto	n Foundation for	Resea	rch	and	ite i	elate	are	up of supporting	entities	
(10)	an average of 15 hours per week for Clayto	in Culturation for	10302	ICII	anu	11.3	Ciate	git	up or supporting t	entities	
	s an average of 40 hours per week for Clayl	on Foundation for	Rese	arci	n an	d its	relate	d g	oup of supporting	entities	
(11)	s an average of 2 hours per week for the Fo						{				Research
(12)											
(13)	s an average of 40 hours per week for the	Foundation and o	her N	eva	da b	ase	d sup	borti	ng entities of Clay	ton Foundation fo	r Research

(13)

Part VII   Section A. Officers, Directors, Tru	istees, l	Key	Em	ple	oye	es,	and	d Highest Con	pensated Emp	loyees	(conti	nued)
,	(B)			(0								
(A) Name and title	Average hours per	box,	unles	ss pe	more more	than o s both or/trusto	an	(D) Reportable compensation from	(E) Reportable compensation from	Est	(F) imated it of other	or .
	week (list any hours for related organiza - tions below dotted line)	or director		Officer			اضا	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	ensation m the nization related nizations	י
<u>(15)</u>												
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total			٠.	٠.	• •	• •	<b>&gt;</b>	332,824.	1,618,126.	3	93,5	572.
c Total from continuation sheets to Part VII, Section							<b>&gt;</b>	0.	0.	<u> </u>		0.
d Total (add lines 1b and 1c)							eive	332,824. d more than \$100,	<del> </del>		93,5 ion	<u>572.</u>
from the organization 1												
3 Did the organization list any former officer, director											Yes	No
on line 1a <sup>2</sup> If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of rej	oortable c	ompe	nsat	tion	and	othe	r co.	mpensation from		. 3		X
the organization and related organizations greater t such individual						٠.				. 4	Х	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensat complete S	ion fr Schea	om a lule	any <i>J foi</i>	unre r <i>suc</i>	lated h pe	rsor	ganization or indivi	dual 	. 5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensat	ed indepe	nden	t co	ntra	ctors	that	rec	eived more than \$	100,000 of			
compensation from the organization Report compe		r the	cale	nda	r yea	ar en	dıng	(В	)	((	<b>C)</b>	
Name and business address Description of services Compensation  Clayton Biotechnologies, Inc. One Riverway, Suite 1520, Houston TX 77056 Consulting 2,200,000.												
Parker Highlander, PLLC 1120 S. Capital of Texas Eignway, Suite 200			<del></del>	T				Legal service-n	nedical patent		89,2	
Brorby, Crozier & Dobie 111 Congress Ave., Suite 2250				Τ>				Legal-gener			67,2	
2 Total number of independent contractors (including	but not lin	nited	to th	nose	liste	ed ab	ove	e) who received mo	re than		- · · -	
\$100,000 of compensation from the organization	<b>▶</b> 3	TEEA						<del></del>		Form	000 4	2044

	RESEARCH DEVELOPMENT FOUNDAT	1011		00-023432	i age s
Par	t VIII Statement of Revenue				<u></u>
	. Check if Schedule O contains a response or note to any				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a Federated campaigns 1a				
ra Ĕ	b Membership dues 1 b				
2,5 E	c Fundraising events 1 c				
ar / a	d Related organizations 1d 775,000				
S, E	e 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				
털전	g Noncash contributions included in lines 1a-1f \$				
Son	h Total. Add lines 1a-1f	► 775,000.			
<u>=</u>	Business Code				
Program Service Revenue	2a Patent royalty income 900099	5,613,527.			5,613,527.
iç.	c				
Ş	d				
Ē	е				
<u> </u>	f All other program service revenue				
مّ	g Total. Add lines 2a-2f	5,613,527.			_
	3 Investment income (including dividends, interest and				
	other similar amounts)	27313111			295,371.
	<ul><li>Income from investment of tax-exempt bond proceeds</li><li>Royalties</li></ul>			<del> </del>	<del></del>
	(i) Real (ii) Personal		<del></del>		
	6 a Gross rents	$\dashv$			
	b Less. rental expenses	-			
	c Rental income or (loss)	-			
	d Net rental income or (loss)	<b>•</b>			
	7 a Gross amount from sales of (i) Secuntes (ii) Other				
	assets other than inventory 400,599.				
	<b>b</b> Less cost or other basis				
	and sales expenses 184,209.	_			
	c Gain or (loss) 216, 390.				
	d Net gain or (loss)	216,390.			216,390.
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
ě	See Part IV, line 18				
<u> </u>	b Less direct expenses b	-			
춪	c Net income or (loss) from fundraising events	<del> </del>			
U	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	<u> </u>			
			<del></del>		
	10 a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	<u>-</u>			
	11a	<del>-       </del>			<del></del>
	b	<del> </del>			<del> </del>
	c				1
	d All other revenue				<u> </u>
	e Total. Add lines 11a-11d	<b>•</b>	•		
	12 Total revenue. See instructions				6,125,288.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do n 6b, 7	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		i,		
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		1		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	353,624.	265,218.	88,406.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	405,183.	405,183.	00,100.	
7	Other salanes and wages				, , , , , , , , , , , , , , , , , , , ,
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,608.	7,956.	2,652.	
11	Fees for services (non-employees)				
a	Management				
b	Legal	77,060.	57,795.	19,265.	
С	Accounting [	18,000.		18,000.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .			·	
_	Investment management fees	9,166.	· · · · · · · · · · · · · · · · · · ·	9,166.	
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,211,250.	2,200,000.	11,250.	
	Advertising and promotion	1 266		1 266	
13	Office expenses	1,366.	-	1,366.	
14	Information technology		· · · · · · · -		
15	Royalties	15 000		1	
16 17	Travel	15,000.	7 024	15,000. 7,834.	
18	Payments of travel or entertainment	15,668.	7,834.	7,834.	
10	expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,064.		1,064.	
23	Insurance	90,954.		90,954.	
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	Patent Fees-Medical Patents	1,236,026.	1,236,026.		
	Retirement Plan Expense	247.		247.	
C					
d				· <del>_</del> .	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,445,216.	4,180,012.	265,204.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

	·	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		1	267,950.
	2	Savings and temporary cash investments	94,581.	2	903,323.
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net	1,294,454.	4	2,016,513.
	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	
2	7	Notes and loans receivable, net	197,765.	7	0.
Assets	8	Inventories for sale or use	1977703.	8	<del></del>
۲ کے	9	Prepaid expenses and deferred charges	61,158.	9	59,877.
	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D	01/130.		33,011.
İ	b	Less accumulated depreciation	6,918.	10 c	5,853.
	11	Investments – publicly traded securities	10,546,949.	11	11,114,601.
	12	Investments – other securities See Part IV, line 11	10,540,545.	12	
	13	Investments – program-related See Part IV, line 11	<u> </u>	13	
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11	6,012,133.	15	6,106,880.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,213,958.	16	20,474,997.
	17	Accounts payable and accrued expenses	703,689.	17	610,812.
	18	Grants payable	.0070031	18	010/012.
i	19	Deferred revenue		19	
	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	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	703,689.	26	610,812.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete	22,000.		020,012.
ğ		lines 27 through 29, and lines 33 and 34.		i i	
ě	27	Unrestricted net assets	6,692,930.	27	9,046,846.
찙	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets	10,817,339.	29	10,817,339.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds	<del></del>	30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u>	33	Total net assets or fund balances	17,510,269.	33	19,864,185.
z	34	Total liabilities and net assets/fund balances	18,213,958.	34	20,474,997.
BA		The state of the s	±0,4±0,900.		40,414,331.

Form	990 (2014) RESEARCH DEVELOPMENT FOUNDATION 88-	02343	325		Pag	ge <b>12</b>
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>		<u>.</u>		. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	, 90	0,2	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	, 44	5,2	16.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	, 45	5,0	72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	,51	0,2	69.
5	Net unrealized gains (losses) on investments	5			1,8	61.
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		-10	3,0	17.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	19	<u>,86</u>	4,1	<u>85.</u>
Par	T XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. П
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		<u>     Г</u>			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🗀	2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		Γ			
	separate basis, consolidated basis, or both		<u> </u>			
	Separate basis Consolidated basis Both consolidated and separate basis					
t	Were the organization's financial statements audited by an independent accountant?		· · L	2 b	Х	
	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.		İ			
	X 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 audireview, or compilation of its financial statements and selection of an independent accountant?	ıt, 	_	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		L	3 a		Х
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt				i.
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b	N	A
BAA			F	orm §	990 (2	2014)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer Identification number

RESEARCH DEVELOPMENT FOUNDATION 88-0234325 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 11 or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11à through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization 1 Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (iv) is the organization listed (v) Amount of monetary (vi) Amount of other organization support (see instructions) support (see instructions) in your governing (see instructions)) document? Yes No Clayton Foundation (A) for Research 74-1541767 Х 4,180,012 (B) (C) (D) (E) Total 4,180,012

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

Schedule A (Form 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						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	( <b>b</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 fumished 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				1		
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</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.)						
	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	stop here		hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
	tion C. Computation of Pu	<del></del>		<del> </del>			
	Public support percentage for 201		•				<u>%</u>
	Public support percentage from 20						<u> </u>
16 a	33-1/3% support test – 2014. If and stop here. The organization of						
t	33-1/3% support test – 2013. If t and stop here. The organization of						
17 a	10%-facts-and-circumstances to or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	and stop here. Exp	lain in Part VI how	
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a i qualifies as a pub	and <b>stop here.</b> Exp olicly supported org	lain in Part VI how anization	the ▶
18	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or	17b, check this box		<u></u> _
					<u> </u>		000 E7\ 0044

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

Sec	tion A. Public Support			-				<del>-</del>
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions and membership fees							
	received. (Do not include any 'unusual grants.')							
2	Gross receipts from admis-	, <u></u>						
	sions, merchandise sold or services performed, or facilities							
	furnished in any activity that is							
	related to the organization's							
3	tax-exempt purpose						<u></u>	
,	that are not an unrelated trade							
	or business under section 513 .		-					
4	Tax revenues levied for the organization's benefit and						1	
	either paid to or expended on						- 1	
5	Its behalf							
5	facilities furnished by a							
	governmental unit to the organization without charge.							
e	•					• • •		
	Total. Add lines 1 through 5							
	2, and 3 received from						i	
	disqualified persons							
ŧ	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		:				- 1	
	for the year						1	
	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)						<u> </u>	
	tion B. Total Support						.,	
Caler	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from							
	similar sources							
	income (less section 511							
	taxes) from businesses		•					
	acquired after June 30, 1975							
11	Net income from unrelated business							
••	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include	-						
-	gain or loss from the sale of							
	čapital assets (Explain in Part VI)							
13	Total support. (Add lines 9,							· · · · · · · · · · · · · · · · · · ·
	10c, 11 and 12)		<u> </u>		1			
14	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3	)	
Sec	tion C. Computation of Pu							
	Public support percentage for 201			s, column (f))			15	<del></del>
	Public support percentage from 20						16	96
	tion D. Computation of Inv						· · · · · · · · · · · · · · · · · · ·	
	Investment income percentage for				))		17	96
	Investment income percentage fro						18	96
	33-1/3% support tests - 2014. If		•					
	is not more than 33-1/3%, check the	nis box and <b>stop h</b>	ere. The organizat	ion qualifies as a p	oublicly supported	organization		▶ ∐
t	33-1/3% support tests — 2013. If	the organization d	id not check a box	on line 14 or line	19a, and line 16 is	more than 3	3-1/3%, a	nd _ 🗀
20	line 18 is not more than 33-1/3%, or Private foundation. If the organiz							
	ato ivalidadoni il die organiz	445H 414 HUL CHECK	CO DON OIL III IC 14,	ioa, or iou, check	ting box and see i	. 134 4040115 -		

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.)

	tion A. All Supporting Organizations		Yes	No
		$\vdash$	163	110
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	1	X	
	the designation. If historic and continuing relationship, explain	<b>_</b> '_		<b>├</b> ──
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 <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		Х
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			X
	and (c) below	3a		<u> </u>
	b Did the exceptation confirm that each appropriate exceptation qualified under each or E01(a)(4) (5) as (6) and			
	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 <b>Part VI</b> when and how the organization			
	made the determination	3b	N/	'ል
-	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<del> </del>
	purposes If Yes, explain in Part VI what controls the organization put in place to ensure such use	3c	N/	<u>A</u>
. 4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	4a		X
	ıf you checked 11a or 11b ın Part I, answer (b) and (c) below	<u>4a</u>		<u> </u>
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b	N/	A
	or experience by an in commence of the compensation of the compensation of the commence of the	<del></del>		Ħ
	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 <b>Part VI</b> 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
_				1
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			<del>-</del>
	amendment to the organizing document)	5a		X
	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		<u></u>
	organization's organizing document:		<u>N/</u>	<u> </u>
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	N/	· <b>L</b>
	, ,	<u> </u>		<del>i                                     </del>
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 filling organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		X
	and ming digamizations displaced digamizations in root, provide detail in rate of	H	<del> </del> -	<del> </del>
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			<del> ,</del> -
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	<u> </u>	X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If Yes,'		L	]
0	complete Part I of Schedule L (Form 990).	8		Х
				<del>                                     </del>
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			X
	n res, provide detail in Fart VI	9a		<u> </u>
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the		ļ	
	supporting organization had an interest? If 'Yes,' provide defail in Part VI	9b	N/	A
	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	N/	
	assets in which the supporting organization also had an interest: If 163, provide detail in Fait 41	-30	N/	<del>[</del> -
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, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	100		-x
	answer (b) below	10a	ļ	<del>  ^</del>
	<b>b</b> Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine		<u> </u>	1
	whether the organization had excess business holdings in the tax year (63e deneture 6, 7 offir 7720, to determine	10b	1	Х

Par	t IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ming body of a supported organization?	11a		Х
		nly member of a person described in (a) above?	11b		X
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		X
Sec	tion E	B. Type I Supporting Organizations	N	I/A	<del></del>
1	or ele Part \ If the direct	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint incident least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove for or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year	1	Yes	No
2	that o benef	ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations	/	,	
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1	X	
<u>Sec</u>	tion [	D. All Type III Supporting Organizations	N/	'A	
				Yes	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the hization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported iization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at these during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations	N/	A	
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	1 🗌 т	he organization satisfied the Activities Test. Complete line 2 below			
t	, 🗍 т	he organization is the parent of each of its supported organizations. Complete line 3 below			
c	声	he organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	ons)		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
a	organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the corted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was insive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.	2a		
t	the or the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Paren	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		<sup> </sup>
t	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its order organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		-

,				
Sch	edule A (Form 990 or 990-EZ) 2014 RESEARCH DEVELOPMENT FOUNDATION rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Programme (Company) Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Programme (Company) Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Programme (Company) Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Programme (Company) Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Programme (Company) Type III Non-Functional Programme (Comp	nizat		234325 Page N/A
1.				uctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	<del></del>	
2	Recoveries of prior-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			
<del>_</del>	production of income (see instructions)	6		
<del>-7</del>	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) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	I Total (add lines 1a, 1b, and 1c).	1 d	-	
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	·	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		t.

BAA

(see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization

	dule A (Form 990 or 990-EZ) 2014			Page 7
Par		pporting Organiza	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 support			
4	Amounts paid to acquire exempt-use assets			<del></del> -
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.	ion is responsive (provi	de details	
9	Distributable amount for 2014 from Section C, line 6		<del></del>	
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	Distributable
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				
			<u> </u>	
d				
е	From 2013	· · · · · · · · · · · · · · · · · · ·		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	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			
a				
b				
	Excess from 2013			
	Excess from 2014			

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).

Pt I Ln 11g

Other Addl Info: Expenses incurred in connection with patent and licensing functions for the benefit of Clayton Foundation for Research and its other supporting entities.

### 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer Identification number

	RESEARCH DEVELOPMENT FOUNDATION		  88-0234325	
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.			N/A
	(a) Donor advised funds	(b) F	unds and other acco	unts
1	Total number at end of year	<u>`</u>		
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 advisors in writing that the assets held in donor advisor the organization's property, subject to the organization's exclusive legal control?	sed funds	· · · · · Tyes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	e used only conferring	, ∏Yes	— ∏No
Par	Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.			N/A
4				N/A
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
		-	/ important land area	
	Protection of natural habitat Preservation of a	certified hi	storic structure	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year	of a conse	ervätion easement or	i the
			Held at the End of th	ne Tax Year
a	Total number of conservation easements	2 a		
	Total acreage restricted by conservation easements	2 b		-
	: Number of conservation easements on a certified historic structure included in (a)	2 c		
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic			
•	structure listed in the National Register	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	ie organiza	ition during the	
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?			No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements of	luring the y	ear —	_
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during \$	the year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(II)?	0(h)(4)(B)( · · · · ·	ı) Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements	se stateme the organi	nt, and balance shee zation's accounting fo	t, and or
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	ther Sin	nilar Assets.	N/A
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in fur in Part XIII, the text of the footnote to its financial statements that describes these items	ement and therance o	balance sheet works f public service, prov	of ide,
t	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	ance of pu	blic service, provide	art, the
	(i) Revenue included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		▶\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financ amounts required to be reported under SFAS 116 (ASC 958) relating to these items	ıal gaın, pro	ovide the following	
ā	Revenue included in Form 990, Part VIII, line 1		▶\$	
t	Assets included in Form 990. Part X		▶\$	

<u> </u>						
Schedule D (Form 990) 2014 RESEA Part III Organizations Maintai	RCH DEVELOPME				Assets (contin	Page 2
						ueu)
3 Using the organization's acquisition items (check all that apply).	n, accession, and othe		•	ire a significant use	of its collection	
a Public exhibition		<b>—</b>	change programs			
b Scholarly research		e Other _				
c Preservation for future generat						
Provide a description of the organize Part XIII.			_		in	
5 Dunng the year, did the organization to be sold to raise funds rather than	on solicit or receive doi n to be maintained as i	nations of art, historic part of the organization	ar treasures, or other on's collection?	similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an ar	I Arrangements.	Complete if the c	rganization ansv			V, N/A
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, or other	intermediary for contr	ibutions or other ass	ets not included	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and complete	e the following table				
					Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1 d		
e Distributions during the year						
f Ending balance					<del></del>	
2 a Did the organization include an am						∐ No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII Check here	if the explanation has	been provided in Pa	ırt XIII		$\sqcup$
Part V Endowment Funds. C	omploto if the ora	onization answer	od 'Vos' to Form	000 Port IV lin	0 10	
rait V   Endowment Funds. C				(d) Three years t		arc back
1 a Beginning of year balance	(a) Current year 10,817,339.	(b) Prior year 10,817,339.	(c) Two years back	<del></del>		7,339.
b Contributions	10,617,339.	10,617,339.	10,817,339	0. 10,817,3	39. 10,617	, 339.
		<u> </u>	+			
c Net investment earnings, gains, and losses						
d Grants or scholarships			<del></del>			
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance		10,817,339		0. 10,817,3	39. 10,817	<u>1,339.</u>
2 Provide the estimated percentage	·		umn (a)) held as			
a Board designated or quasi-endown		.00 %				
b Permanent endowment	100.00 %	<b>.</b> 0				
c Temporarily restricted endowment						
The percentages in lines 2a, 2b, ar						
3 a Are there endowment funds not in organization by:	the possession of the	organization that are	held and administere	ed for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					- · · · · · · · · · · · · · · · · · · ·	X
b If 'Yes' to 3a(ıı), are the related orga					<u> </u>	N/A
4 Describe in Part XIII the intended u		•				
Part VI Land, Buildings, and						
Complete if the organiz	· -	es' to Form 990.	Part IV. line 11a	. See Form 990	. Part X. line 1	0.
Description of property		<del></del>	·····	<del></del>	<del> </del>	
		vestment) (	b) Cost or other basis (other)	(c) Accumulated depreciation	(4) 500k	+aluc
1 a Land						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment			11,170.	5,31	7.	5,853.
e Other				<u> </u>		-

. **>** 5,853. Schedule **D** (Form 990) 2014

Complete if the organization answered		- <del> </del>	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-o	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
( <u>A)</u>		<del> </del>	
(B)			
(C)			<del></del>
(D)			
(E) (F)			
(G)		·	
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) >			
Part VIII Investments – Program Related.	l	<u> </u>	
Complete if the organization answered	Yes' to Form 990, I	Part IV, line 11c. See Form 990, F	art X, line 13. N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			··
(8)			
(9)			
_(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) >			
Part IX Other Assets. Complete if the organization answered '	Yes' to Form 990. I	Part IV. line 11d. See Form 990. F	art X line 15
	scription		(b) Book value
(1) Medical Patent costs (net of accum	ulated amortiz	ation \$3,528,853)	6,106,880.
(2)			
(3)			
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(9) (10)			
(9) (10)	line 15)		6,106,880.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B),	line 15 )		6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X  Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability		1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 25	6,106,880.
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 25  0.  0.  ancial statements that reports the organization's liab	ulity for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	6,892,983.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	.]	
b Donated services and use of facilities	<u> </u>	
c Recoveries of prior year grants	1	
d Other (Describe in Part XIII.)	7	
e Add lines 2a through 2d	. 2e	1,861.
3 Subtract line 2e from line 1	. 3	6,891,122.
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	.	
b Other (Describe in Part XIII.)	7	
c Add lines 4a and 4b	. 4c	9,166.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	6,900,288.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	4,539,067.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	-	
c Other losses	-	
d Other (Describe in Part XIII )	_	
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	. 3	4,539,067.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		· · · · · · · · · · · · · · · · · · ·
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII )	<u>.     </u>	
C Add lines 4a and 4b	. 4c	-93 <b>,</b> 851.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	4,445,216.
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,		-t
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 addition	nai intorm	auon.
•		
Pt XII, Line 4b The excess of current year amortization and		

abandonments of net accumulated capitalized medical patent costs over capitalized current year expenditures for medical patent costs.

Pt V, Line 4

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. As a result of this interpertation, the Foundation classifies as permanently restricted net assets the original value of the donated contribution to the permanent endowment. Accordingly only the income, including realized and

BAA

Schedule **D** (Form 990) 2014

### Part XIII Supplemental Information (continued)

unrealized gains, is to be used for the Foundation's activities, except when such assets must be distributed in order to maintain the Foundation's tax-exempt status.

Pt X, Line 2

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

### SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

### **Compensation Information**

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

RESEARCH\_DEVELOPMENT\_FOUNDATION

**Questions Regarding Compensation** 

Employer Identification number 88-0234325

					Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any relevant inform	efollowing to or for a person listed in Form 990 mation regarding these items	, Part			
	X First-class or charter travel	Housing allowance or residence for personal	use			
	Travel for companions	Payments for business use of personal reside	ence			
	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 reimbursement or provision of all of the expenses described above?	v a written policy regarding payment or If 'No,' complete Part III to explain		1 b	Х	
2	Did the organization require substantiation prior to reimbursing or allotrustees, and officers, including the CEO/Executive Director, regarding			2	Х	
3	Indicate which, if any, of the following the filing organization used to e CEO/Executive Director. Check all that apply Do not check any boxe establish compensation of the CEO/Executive Director, but explain in	establish the compensation of the organization es for methods used by a related organization n Part III	's to			
	X Compensation committee X	Written employment contract				
	Independent compensation consultant   X	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensation comr	nittee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization.	A, line 1a with respect to the filing organization	1			
а	Receive a severance payment or change-of-control payment?		[	4 a		Х
t	Participate in, or receive payment from, a supplemental nonqualified	retirement plan?	[	4 b		Х
c	Participate in, or receive payment from, an equity-based compensation	on arrangement?		4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable	le amounts for each item in Part III.				
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations mu	ust complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the occutingent on the revenues of $$					
	The organization?			5 a		Х
t	Any related organization?		• • • • • • • •	5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the o contingent on the net earnings of.	rganization pay or accrue any compensation				
	The organization?			6 a		Х
t	Any related organization?		[	6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.		-			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the o payments not described in lines 5 and 6? If 'Yes,' describe in Part III	rganization provide any non-fixed		7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued p to the initial contract exception described in Regulations section 53 4 If 'Yes,' describe in Part III	1958-4(a)(3)?		8		х
	If 'Yes' to line 8, did the organization also follow the rebuttable presursection 53 4958-6(c)?	<u></u>		9		/ <u>A</u>
BAA	For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Schedule J (F	orm	990)	2014

TEEA4101 10/17/14

Schedule J (Form 990) 2014 Research Development Foundation

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 'For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual was equal the total amount of Form 990. Part VIII. Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note. The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	listed in	ndividual must equal t	he total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and	(E) amounts for that	individual
	•	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)–(D)	in column (B) reported as deferred in prior
				Salpanoa de la companion de la				
Thomas J Brorby	ε	38,832				0	38,832	
1 Trustee, Chairman	<b>E</b>	155,320	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: : : : : : : : : :	36,301	191,621	
Robert M Wallace	(1)	122,033				12,480		
2 Trustee, President	€	371,731		; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1	66,793	438,524	
Jarred W. Sloan	€	94,295				8,320		
3 Trustee, Vice President, Treasurer	⊞	349,469	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	71,003	1 1 1 1 1 1	
Dudley R Dobie, Jr.	(1)	38,832				0		
4 Trustee	€	155,320	1			1,017	156,337	•
Lynn P Carter	(1)	38,832				0		
5 Trustee	(ii)	404,932				79,323	484,255	
Joan S Dunlap	Θ	0				0		
6 Assistant Secretary	(ii)	138,701				62,884	201,585	
	] (I)							
7	(ii)							
	(I)							
8	(ii)							
	(i)							
6	(ii)							
	(!)							
10	(ii)							
	(E)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
11	Ξ							
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15	<b>(E</b>							
	Ξ				1			
16	(ii)							
							Sche	Schedule J (Form 990) 2014

# Park Ш 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

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

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 Internal Revenue Service

Open to Public Inspection

Name of the	organization								Em	ployer ic	tentifica	tion nu	mber		
RESEA	RCH DEVELO	PMENT FOUR	NDATION						88	-023	3432	5			
Part I	Excess Be Complete if t	enefit Trans he organization	actions (sec answered Yes	ction 50 on Forr	01(c)(3 n 990, Pa	) and art IV, li	section 501 ne 25a or 25b	(c)(4) orga , or Form 990	anizatio 0-EZ, Pa	ons o	nly). ne 40t	b		N/A	
	(a) Name of disqual	lified person	(b) R	elationship	between dr	squalified		(c) D	escription o	of transa	ction			(d) Corr	rected?
1	(=)				nd organizat			(0, 0	0001170111		00011			Yes	No
(1)			1							_					
(2)														"	
(3)															
(4)					_										
(5)															
(6)			<u> </u>												
sec	ter the amount of ction 4958 ter the amount of										►\$ ►\$				
Part II	Loans to a	and/or From he organization reported an am	Interested answered 'Yes	Perso on For 990, Par	<b>ns.</b> m 990-E	Z, Page 5, 6, or	e V, line 38a c		Part IV,	line 20	<u>·</u>		hevor	N/A	utten
.,	,	with organization	of loan	` from	the zation?	princ	opal amount	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(9/	CIGORI	by box	ard or	agreen	nent?
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															<u> </u>
(3)															<u> </u>
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(10) Total			·	<u> </u>	<u> </u>						l				L
Part III		Assistance					,					L		l	<del></del>
rait III	Complete if t	he organization	answered 'Ye	s' on Fo	rm 990, l	Part IV,	s. line 27.							N/A	
	(a) Name of interes	ted person	(b) Relationship and	between i the organ		erson	(c) Amount o	f assistance	( <b>d)</b> ⊤yp	e of Ass	stance	(e)	Purpose	e of assis	stance
(1)									<del></del>			$\top$			
(2)															
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BAA Fo	r Paperwork Re	duction Act No	tice, see the li	etructio	ons for F	orm 99	10 or 990-F7		Sche	edule L	. (Forr	n 990	or 990	)-EZ) 2	2014

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on 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) Sha organiz reven	ation's
				Yes	No
(1) Allıson, MacKenzie, et. al.	See schedule O	37,462.	Legal & Adm. Services		Х
(2) Brorby, Crozier & Dobie, P.C.	See Schedule O	405,183.	Legal Services		Х
(3)					
(4)					Ĭ
(5)					
(6)					
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(8)					
(9)					
(10)					

Part ♥ Supplemental Information

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 Research Development Foundation

Employer identification number 88-0234325

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

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

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

To advance medical and scientific research through the transfer of technology from the laboratory to public use by obtaining patents and licenses and administering patents arising out of discoveries made pursuant to research conducted or sponsored by Clayton Foundation for Research and its supporting organizations.

### Part III, Line 4a:

Research Development Foundation ("RDF") is established to transfer medical and scientific technology from the lab to the public use by obtaining patents and licenses and administering patents arising out of discoveries made pursuant to medical research conducted or sponsored by Clayton Foundation for Research, a medical research organization described in Section 170(b)(1)(A)(iii) ("Clayton"), and by supporting organizations to Clayton. RDF's current patent portfolio contains 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 another supporting entity of Clayton over the years RDF has entered into numerous licenses of such discoveries to pharmaceutical and startup companies and eight of such discoveries have already led to products that have been brought to market by the licensee and are benefiting mankind. RDF has collected millions of dollars in patent royalties from its licensing activities over the years.

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

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

Mr. 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 predates the naming of either Mr. Brorby or Mr. Dobie as trustees. In their capacity as members of the Board of the Foundation, Mr. Brorby and Mr. Dobie do not participate in any decisions involving assignment of work to B,C&D and are not involved in the review and approval of the detailed monthly invoices sent by B,C&D to the Foundation. In their capacity with B,C&D, Mr. Brorby and Mr. Dobie do not participate in the preparation of the monthly statements of amounts billed to the Foundation. The other trustees (with Mr. Brorby and Mr. Dobie abstaining) have approved this arrangement with full knowledge of Mr. Brorby's and Mr. Dobie's position as a member of and a holder of a financial interest in B,C&D.

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

Schedule O (Form 990) 2014	pg. 3
Name of the organization	Employer Identification Numb

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

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

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

 pg. 4 Employer Identification Number					
Employer Identification Number					
88-0234325					

Name of the organization
Research Development 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.

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

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
Research Development Foundation	88-0234325

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.

### Form 990, Part IX, Line 11 g – Other Fees for services (non-employees)

Description	(A) Total	(B) Program Services	(C) lanagement nd General	<b>(D)</b> Fundraising	
Consulting fees	\$ 2,200,000	\$ 2,200,000	\$ -	\$	-
Administrative services	11,250	-	11,250		-
Total other fees for services	\$ 2,211,250	\$ 2,200,000	\$ 11,250	\$	-

### Form 990, Part XI, Line 9 - Other changes in net assets or fund balances.

Excess of current year amortization and abandonments of net accumulated capitalized medical patent costs over capitalized current year expenditures for medical patent costs.

\$ (103,017)

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

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

2014

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

RESEARCH DEVELOPMENT FOUNDATION				88-0234325	25
tities Comple	te if the organization answered 'Yes' on Form 990, Part IV, line 33.	ered 'Yes' on Form 99	90, Part IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
[1]					
(2)					
[3]					
Part II Identification of Related Tax-Exempt Organization	ations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had	anization answered "	Yes' on Form 990, F	Part IV, line 34 becar	use it had

(g) Sec 512(b)(13) controlled entity? ŝ × × Yes × (f)
Direct controlling
entity Clayton Foundation for Research N/A Line 11 Type 2N/A (e)
Public charity status
(if section 501(c)(3)) 4 Line N/A (d) Exempt Code section 501 (c) 3 501 (c) 3 501(c)2 (c)
Legal domicile (state or foreign country) X  $\geq$ one or more related tax-exempt organizations during the tax year. Conduct medical Title Holding (b)
Primary activity Corporation Research Research Medical (4) See Cont. Sheet for Sch. R. Part II Clayton Foundation For Reasearch (a) (a) Name, address, and EIN of related organization Clayton Foundation Company \_ 402 N. Division Street\_ \_ Carson\_City\_NV\_89703\_\_ \_\_One\_Riverway\_Surte\_1500\_\_\_Houston\_IX\_77056\_\_\_\_\_\_\_74-6035675 (3) Foundation for Research \_\_One\_Riverway.Suite\_1500 Houston, IX 77056 74-1541767 88-0234196 ন্ত্ৰ

Schedule R (Form 990) 2014

TEEA5001 08/22/14

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

(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) retify?
						Yes	N <sub>o</sub>
Clayton Medical Research Foundation, Inc. 51-0306704 Carson City NV 89703 S1-0306704	Medical Research	DE	501(c)3	Line 11 Type 2	N/A		×
Institut Clayton de la Recherche Case Postale 284	<del></del>	28	Exempt Swiss Charity	Line II Type 2 (if U S entity)	N/A		×
		TEEA5102 08/22/14			Schedule R Cont (Form 990) 2014	Form 990)	2014

Schedule R (Form 990) 2014 RESEARCH DEVELOPMENT FOUNDATION

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. [Part] [[]

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections		(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	(j) General or managing partner?		(k) , Percentage ownership
		country)		512-514)				Yes	No	1065)	Yes No		Ì
(1)													
(2)													
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								<del></del>	,				
(3)								-					
								_		,	_	_	
Partity Identification of Iden	<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> Complete if the organization a line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	zations T e related		as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, stions treated as a corporation or trust during the tax year.	on or Trust ( a corporatio	Complete if	the orgar uring the	ization ar tax year.	swered	l 'Yes' on For	n 990, Par	۲ ا∕,	
(a) Name, address, and EIN of related organization	of related organization	(b) Рптагу	activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,	-	(f) Share of total income	Sha	(g) Share of end-of- year assets	(h) Percentage Sownership co	(i) Sec 512(b)(13) controlled entity?	)(13) entity?
				country)	enuty	or mas	91)	:	_			Yes	£
(1) Foundation Services,	es,_Inc	!											
10.0	1	 Holding											
Carson City, NV 8	89703	Company		NV	N/A	υ			<u>.</u>	0	00.00		×
layton	logies, Inc.				Foundation								
	1 				Services, I	Ind.							
Eway, Su	te 1520	1		ļ.		(				C		×	
(3) See Cont Sheet for	Sch B Part IV	Transier		> 2		,			-	5	00.0	:	
					i.		_		_	— [·	!	-	
ВАА				TEE	TEEA5002 08/22/14					й	Schedule R (Form 990) 2014	ırm 990)	) 2014

Schedule R (Form 990) 2014 RESEARCH DEVELOPMENT FOUNDATION

88
Part.W. Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

				× 00 ×	ş
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this	C/V = 0400 or both		3	_	2
			-	1	>
		· · · · · · · · · · · · · · · · · · ·	: :		4
<b>b</b> Gift, grant, or capital contribution to related organization(s)			<b>₽</b>	1	×
c Gift, grant, or capital contribution from related organization(s)			<del>2</del>	×	
d Loans or loan quarantees to or for related organization(s)		•			×
Constitution to the property of the property o			19		×
e Loais of loar guarantees by related digentary)			.9	ŀ	:
				1	
f Dividends from related organization(s)			<b>-</b>		×
<b>a</b> Sale of assets to related organization(s)			19		×
			1		×
Total and the property has been contacted assessment (a)			<b>-</b>		۱×
Exchange or assets with related organization(s)	· · · · · · · · · · · · · · · · · · ·		-	1	{ >
J Lease of facilities, equipment, or other assets to related organization(s)		•	<u>-</u>	1	۲
			، د.	:	
k Lease of facilities, equipment, or other assets from related organization(s)			1k		×
Performance of services or membership or fundraising solicitations for related organization(s)			11		×
m Performance of services or membership or fundraising solicitations by related organization(s)			T	×	
n Sharing of facilities equipment mailing lists or other assets with related organization(s)	•	•	1n		×
Official of taching a complete of the complete			10		>
o Sharing of paid employees with related organization(s)			)   		۱
			<u>,                                    </u>		
p Reimbursement paid to related organization(s) for expenses			٦	×	
q Reimbursement paid by related organization(s) for expenses			19		×
				-	
r Other transfer of cash or property to related organization(s)			1r		×
Other transfer of cash or property from related organization(s			1.		×
	ed relationships and tra	insaction thresholds.			1
	(q)	(c)	<u></u>	ਜ਼	
Name of relaied organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	determin involved	g_
(1) N/A					
(2)					
(3)					
(4)					
(5)					
	ļ	- Choo	dulo D (Eom	0000	[5
<b>BAA</b> TEEA5003 08/22/14		שוייס	Schedule R (Form 990) 2014	7 /066 H	5

N/A

# Schedule R (Form 990) 2014

Part VIII Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

(k) Percentage ownership Schedule R (Form 990) 2014 (l) General or managing partner? ŝ 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 Yes (i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065) Dispropor-tionate allocations? Š Ξ Yes (g) Share of end-of-year assets (f) Share of total income Predominant income (related, unrelated, unrefrom tax under section 512-514)

Predominant (e) (e) Section 501(c)(3) Organizations? (e)
Are all partners
section
501(c)(3)
organizations? TEEA5004 08/22/14 (c)
Legal domicile
(state or foreign country) · **(b)**Primary activity (a) Name, address, and EIN of entity 1 1 1 1 1 1 1 11111 1 | | | | ١ 1 1 1 I 1 1 1 ı ŀ BAA [Ξ] 2<sup>1</sup> <u>ල</u>| ١ **(£** I (5)  $\mathbb{E}_{l}^{l}$ <u>@</u>¦ <u>@</u>¦

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

N/A

Continuation Page 1 of 1

88-0234325

	ons Taxable as a Corporation or Trust
FOUNDATION	anizations Taxa
DEVELOPMENT	ntinuation of Identification of Related Organization
RESEARCH	dentification
Schedule R Cont (Form 990) 2014 RESEARCH DEVELOPMENT FOUNDAT:	Partiv Continuation of I

512 3) 8) 9	ş	×	×				2014
(I) Section 512 (b)(13) controlled entity?	Yes		_	 	 	 	(066 m.
(H) Percentage ownership		Remainder only	Remainder only				Schedule R Cont (Form 990) 2014
(G) Share of end-of-year assets		.0	0			•	Schedul
(F) Share of total income		0	0				
(E) Type of entity (C corp., S corp., or trust)		Ţ	Ŧ				
(D) Direct controlling entity		N/A	N/A	,			TEEA5104 08/22/14
(C) Legal domicile (state or foreign country)		TX	TX				
(B) Primary activity		Charitable Remainder Trust	Charitable Remainder Trust				
(A) Name, address, and EIN of related organization		William Clayton Jr. Trust74-6085129	vis Clayton Trust 61 rway, Suite 1500 TX 77056				