Form **990**

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 2018

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

	artment of t nat Revenu	the Treasury ie Service	► Go to www.irs.gov/Form990 for instructions and the lates	t information.		Inspection				
\overline{A}	For the	2018 cale	ndar year, or tax year beginning , 2018, and end	ing		, 20				
В	Check if a	applicable	C Name of organization RESEARCH DEVELOPMENT FOUNDATION		D Employ	er identification number				
$\bar{\Box}$	Address		Doing business as		88-0	234325				
\Box	Name ch			······································						
$\ddot{\Box}$	Initial retu	ŭ	402 N. Division St.		(775)687-0245				
\exists		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			·				
\exists	Amended		Carson City, NV 89703		G Gross re	eceipts \$ 9,655,031.				
\exists			F Name and address of principal officer	H(a) is this a n	group return for subordinates? Yes X No					
_	Application	on pending i	Robert M. Wallace, Same as C Above,			s included? Yes No				
_	Tay ayan	l	X 501(c)(3)			a list (see instructions)				
<u> </u>	Website:	npt status	/A	} -	exemption					
<u>к</u>			X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form		1 .	of legal domicile NV				
-	art I	Summ		150	<u> </u>	Or regar dorrinone 11 V				
	_		escribe the organization's mission or most significant activities of white	a modical and accountains of	occessoh theo with the	ha crarecar of tanhealogu from the laboratory				
ø.	1	-	-			•••••				
ĕ			ic use by obtaining patents, granting licenses and ad							
Ë			ries pursuant to research conducted or sponsored by cer is box ▶□ if the organization discontinued its operations or disposed							
o Ve			of voting members of the governing body (Part VI, line 1a)	or more mar	3	5				
Ğ	1			· · · ·						
SS	1		of independent voting members of the governing body (Part VI, line 1b	0)	5	3				
į	1		nber of individuals employed in calendar year 2018 (Part V, line 2a)		6					
Activities & Governance	1		nber of volunteers (estimate if necessary)			0				
⋖	1		elated business revenue from Part VIII, column (C), line 12 .	•	7a 7b	0.				
	b_	net unrei	ated business taxable income from Form 990-T, line 38	Prior Ye		0 . Current Year				
			1	FIIOT	sai .	- Current real				
Revenue	1		tions and grants (Part VIII, line 1h)							
	1	-	service revenue (Part VIII, line 2g)		2,871.	8,820,074.				
	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	11,848	3,123.	834,957.				
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	 						
	• 		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,700		9,655,031.				
	ì		nd similar amounts paid (Part IX, column (A), lines 1–3)	10,000	0,000.	6,000,000.				
	1	-	paid to or for members (Part IX, column (A), line 4)							
es	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	859	9,612.	957,351.				
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)			 ,				
Ř	L		draising expenses (Part IX, column (D), line 25) ▶ 0.	<u> </u>						
ш			penses (Part IX, column (A), lines 11a-11d, 111-24e)		5,996.	3,668,942.				
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,295		10,626,293.				
		Revenue	less expenses Subtract line 18 from line 12	 	5,386.	-971,262.				
s or			9 JUL 2 5 2019 [5]	Beginning of Cu		End of Year				
Net Assets Fund Balan	20		ets (Part X, line 16)	33,653		29,666,953.				
ag A	21		ılıtıes (Part X, line 26)		5,761.	371,902.				
			s or fund balances Subtract line 21 from line 20!	32,517	7,580.	29,295,051.				
Pa	art II	Signat	ure Block							
			ry, I declare that I have examined this return, including accompanying schedules and sta			ny knowledge and belief, it is				
tru	e, correct,	and compr	ete Declaration of preparer (other than officer) is based on all information of which prepared	er has any know						
٠.		_	DANI I M							
Sign Here		Sign	part M Wallace President Tuly	19 3	te / 9					
		RO	Delt M Wallace, Flesidenc	10,20	//					
			or print name and title	_						
Pa	id	Print/Typ	pe preparer's name Preparer's signature	Date	Check [if PTIN				
	epare	·	Man Daid Drangrar		self-emp	oloyed				
	e Only		ame NIUII-FAIU FIEPAIEI	Firn	n's EIN ▶					
			ddress ►	Pho	ne no					
Ма	y the IR	S discuss	this return with the preparer shown above? (see instructions) .	<u></u>		. Yes No				
For	Paperw	ork Redu	ction Act Notice, see the separate instructions. BAA	REV 05/20/19 PRO		Form 990 (2018)				

SCANNED SEP 1 0 2019

4e	Total program service expenses ▶	10,334,189. REV 05/20/19) PRO		Form 990 (2018
4e		10,334,189.			
	(Expenses \$ including	grants of \$) (Revenue \$)	
4d	Other program services (Describe in Sc				
	•	••••••			
		••••••			
	•••••	•••••			



Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			×
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	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	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	12b		×
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		<u>×</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/A	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? Is to see the second of t	21	×	
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Part	Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	_			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d	N/A			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		×		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		×		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	×			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	×		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		×		
34 35a	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 35a	×	×		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	N/A			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×		
37	Did the organization of the related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O	38	×	×		
Part						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>				
			Yes	No		
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×			

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	ŀ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		 -
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	N/A	 ^
_	·	30	17/7	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	N/A	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Ou.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b	N/A	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	N/A	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b	N/A	
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A	ł		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A		1,,,,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ĺ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/A	
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	N/A	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	structi	
Canti	Check if Schedule O contains a response or note to any line in this Part VI		•	. <u>×</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .		163	1
Ia	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 . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		×
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		×
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		_×_
7a	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			ئـــــــا
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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?	10b	N/A	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
40	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12c 13	×	 -
13 14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by	14	^	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	 16a		 ×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	N/A	
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec			
	J. Russell Beekman, 1325 Airmotive Way, Suite 175, Reno, NV 89502 (775)329	- 7 T T	1	

Section'A	Officers Directors Trustees Key Employees and Highest Compensated Employees		
·	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII	· ·	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
FOIIN 990 (2016)	Research Development Foundation	00-0234323	Page I

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor an	y related organiz	ation	cor	npe	nsa	ted a	ny c	urrent officer, di	ector, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Thomas J Brorby	*									
Trustee, Chairman	*	X		X	ļ	<u> </u>		62,025	224,651	38,21
(2) Robert M Wallace	**									
Trustee, President	**	X	<u> </u>	X	<u> </u>		ļ	150,065	400,737	78,23
(3) Jarred W Sloan	**			١.,						
Trustee, Vice President, Treasurer	**	X	<u> </u>	X	┝	ļ	_	120,713	430,089	78,23
(4) Dudley R Dobie	* 									
Trustee	*	X	<u> </u>	<u> </u>			_	62,025	224,651	94
(5) Lynn P Carter	** 							00 005	400 777	70.00
Trustee	***	X	\vdash	-	-	_		62,025	488,777	78,23
(6) Christopher MacKenzie Vice President, Secretary	***			x				0	0	,
(7) John Russell Beekman	****		-	┝	-	 	-			
Vice President, Assistant Treasurer	****		ļ	x		•		o	98,039	32,06
(8) Joan S Dunlap	**	_	\vdash	^	\vdash		┢	<u> </u>	30,039	32,000
Vice President, Assistant Secretary	**			X			ŀ	41,698	167,613	70,156
(9) * Works an average of 15 hours per week for	Clayton Founda	non i	for f		921	ch an	dit			
(10)	J.ajtonii vande		 		-		- "	o. a.c.a group	o. Jupporting e	1
** Works an average of 40 hours per week fo	Clayton Found	ation	for	Re	sea	rch a	nd	is related group	of supporting	entities
(11) *** Works an average of 2 hours per week fo	r the Foundatio	n and	l of	ner	Ne	kada	bas	ed supporting	entities of Clav	nn
(12) Foundation for Research					. 40		-	- Ca Cappoining	onlines of oldy	
(13) **** Works an average of 40 hours per week Foundation for Research	for the Founda	ฆon	and	oth	er	Veva	da	pased supporti	ng entities of C	layton
(14)										

•	(A) Name and title	(B) Average hours per week (list any	box, office	ot chunles:	eck s pe l a d	rson irect	than o	n an tee)	(D) Reportable compensation from	(E) Reportab compensation related		(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio		compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)	* * * * * * * * * * * * * * * * * * *			\Box								
(20)		-			-					<u> </u>		
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Sub-total					ا		>	498,551.	2,034,5	57.	376,075.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•				>	0. 498,551.	2,034,5	0. 57.	0. 376,075.
2	Total number of individuals (including but reportable compensation from the organi	not limited			lıst		above 2	e) w				
												Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3							emp	oloyee, or high	est compe	nsate 	3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	lividu	
Section	on B. Independent Contractors	, , , ,	· · · · · · ·					<u> </u>			· · · · · · · · · · · · · · · · · · ·	
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
	on Biotechnologies, Inc., One Riverway, Highlander, PLLC, 1120 S Capital of Texas H.									ical natent		2,500,000. 710,937.
	y, Crozier & Dobie, 111 Congress Ave.,										_	418,543.
2	Total number of independent contractor received more than \$100,000 of compens		-					th	ose listed abo	ove) who		

Part	VIII	Statement of Reve					5		
,		Check if Schedule O) contains :	a res	ponse or note t	o any line in this (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	3	1a	1				
ra L	b	Membership dues	•	1b		1			
S, E	С	Fundraising events .		1c		1 1			
ar /	d	Related organizations		1d]			
imil	е	Government grants (con	tributions)	1e					
tion r S	f	All other contributions, gi				1			
ibu		and similar amounts not inc	luded above	1f]			-
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ		-1f \$					
	h	Total. Add lines 1a-1	<u>f</u> .	<u> </u>	🕨				
nue	_				Business Code				
eve	2a	Patent royalty	income		900099	8,820,074.			8,820,074.
Se R	b	***************************************						[
Ž	C d	•			-				
n Se	e								
Program Service Revenue	f	All other program sen					•		
Pro	g	Total. Add lines 2a-2			>	8,820,074.			
	3	Investment income	(including	divid	lends, interest,				
		and other similar amo	ounts)		▶	496,773.			496,773.
	4	Income from investmen	t of tax-exer	npt b	ond proceeds 🕨				
	5	Royalties .	· · · · · · · · · · · · · · · · · · ·		•	ļ			
	_		(ı) Real		(ii) Personal	l]
	6a	Gross rents			<u> </u>	{			
	b	Less rental expenses Rental income or (loss)				1			
	d d	Net rental income or ((loss)		•	· · · · · · · · · · · · · · · · · · ·			
	7a	Gross amount from sales of	(i) Securiti	es .	(ii) Other				
	14	assets other than inventory	338,1	84.		1			}
	ь	Less cost or other basis				1 1]
		and sales expenses		0.					i
!	С	Gain or (loss)	338,1	84.	<u> </u>				
	d	Net gain or (loss) .		-	. •	338,184.			338,184.
/enne	8a	Gross income from fu events (not including \$	ındraısıng						
Other Revenue		of contributions reported See Part IV, line 18	ed on line 1						
ş	t .	Less. direct expenses		. b					
		Net income or (loss) f			events >				
	9a	Gross income from ga See Part IV, line 19	aming activi	ties a	I]			
		Less direct expenses							
		Net income or (loss) f			ivities ▶				
		Gross sales of in returns and allowance	es	а					
		Less cost of goods s		, b					
	С	Net income or (loss) f		ot inv	T	-			1
	11a	Miscellaneous R			Business Code	 			!
	l la b		·			 		-	
	C					 			
	d	All other revenue						-	
	e	Total. Add lines 11a-			>				· 1
	12	Total revenue. See in				9,655,031.		0.	9,655,031.

Part IX Statement of Functional Expenses

Sectio	n = 501(c)(3) and $501(c)(4)$ organizations must con	<u>. </u>		s must complete col	umn (A)
•	Check if Schedule O contains a respon			<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , 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	6,000,000.	6,000,000.		
2	Grants and other assistance to domestic individuals See Part IV, line 22		•		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	526,815.	395,112.	131,703.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	416,121.	374,509.	41,612.	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,415.	10,811.	3,604.	····
11	Fees for services (non-employees)				
a	Management	107 400	114 743	10 740	
b C	Legal	127,492. 22,000.	114,743.	12,749.	
d	Lobbying			22,000.	
e	Professional fundraising services See Part IV, line 17				······································
f	Investment management fees .	27,782.		27,782.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	2,509,000.	2,500,000.	9,000.	
12	Advertising and promotion				
13	Office expenses	3,759.	2,990.	769.	
14	Information technology .				
15	Royalties	21 000		21 222	
16 17	Occupancy Travel	21,000. 15,712.	7,856.	21,000. 7,856.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	15,712.	7,030.	7,030.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,064.		1,064.	
23	Insurance	60,990.	48,792.	12,198.	
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	879,376.	879,376.		· · · · · · · · · · · · · · · · · · ·
b	Miscellaneous	767.		767.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,626,293.	10,334,189.	292,104.	0.
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)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 507,860. 978,239 1 Cash—non-interest-bearing . . 2 Savings and temporary cash investments 1,274,462. 2 324,812. 0. 3 Pledges and grants receivable, net 3 0 4 3,342,745. 4 Accounts receivable, net 3,702,233. . . Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . 6 7 Notes and loans receivable, net . Inventories for sale or use 8 8 40,507. 40,967. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 11,170. Less accumulated depreciation . . 10b 9,574. 2,660. 1,596. 10c 22,008,234. 20,175,410. 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 5,647,006. 5,273,563. 15 15 Other assets. See Part IV, line 11. 33,653,341. 29,666,953. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,135,761. 17 371,902. 17 Accounts payable and accrued expenses Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 1,135,761. 26 371,902. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 21,700,241. 18,477,712. 27 Unrestricted net assets . . 27 Temporarily restricted net assets . . . 28 28 Permanently restricted net assets . . . 10,817,339. 10,817,339. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 32,517,580. 33 29,295,051. 33 Total net assets or fund balances 33,653,341. 29,666,953.

34

Total liabilities and net assets/fund balances

Page	1	2

Form 99	0 (2018)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,6	55,0	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,6	26,2	93.
3	Revenue less expenses Subtract line 2 from line 1	3	- 9	71,2	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	32,5	17,5	80.
5	Net unrealized gains (losses) on investments	5	-1,8	77,8	24.
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	- 3	73,4	43.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	29,2	95,0	51.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
			-	Yes	No
1	Accounting method used to prepare the Form 990		.		}
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	1		1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled oi	1		1
	reviewed on a separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		نــــ
Ь	Were the organization's financial statements audited by an independent accountant?	•	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a	١		- 1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		. 	 	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the control of the cont	-	2c		
	of the audit, review, or compilation of its financial statements and selection of an independent accou			_×	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	piain ir	'		
•					
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iortn in	' За		×
	*	· · ·			
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not underequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		; 3b	N/A	
	required addit of addits, explain why in somedie of and describe any steps taken to undergo such a	auito.	50	. 000	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

KESI	LARCI		PMENI FOUND					88-0234325		
Pai	t I	Reason f	or Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The o					s: (For lines 1 through				<u></u>	
1					on of churches descr				ム	
2										
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:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	□ A	federal, stat	e, or local govern	nment or govern	mental unit described	l ın sectio	on 170(b)	(1)(A)(v).		
7	☐ Ar	n organizatio	on that normally	receives a subs	tantial part of its sup	port from	n a gover	nmental unit or fron	n the go	eneral public
	de	scribed in s	ection 170(b)(1)	(A)(vi). (Complet	e Part II.)					
8	\square A	community	trust described ii	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	☐ Ar	agricultura	l research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-gra	ant college
	or				iculture (see instruction					
10	☐ Ar	organizatio	on that normally i	eceives. (1) mor	e than 331/3% of its si	upport fro	m contri	butions, membership	o fees,	and gross
	re	ceipts from	activities related	to its exempt fu	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 331/39	% of its
					related businéss taxa 75. See section 509(a				busine	sses
11			_		sively to test for public		-	•		
12		-	•	•	ively for the benefit o	•			rn/ out 1	he nurnoses
'-					ns described in secti					
				-	scribes the type of sur					
а				-	, supervised, or contr	-	_	•		_
a					regularly appoint or e			-	• .	
			•		ete Part IV, Sections			inc directors or trust	003 01 0	
h		• • • •		•	•			unnorted organizati	00(0) b	v bowna
b				•	ed or controlled in co rganization vested in					
			_		V, Sections A and C		persons	that control of man	age lile	supported
_		-		*	ting organization oper		onnactio	a with and functions	ally into	arated with
С	ب				ns). You must comp				any mic	grated with,
d			_		pporting organization				orted or	ganization(s)
_	_		-	_	nızation generally mu	•				• , ,
					omplete Part IV, Sec					
е	×	Check this	hox if the organ	ization received	a written determination	on from t	he IRS th	at it is a Type I. Type	ı II Tvn	الا م
_	_				tionally integrated sup				, ii, i yp	O 111
f	Ente		er of supported of						1	1
g			* *	-	orted organization(s).					
					(iii) Type of organization		rganization	(v) Amount of monetary	(vi)	Amount of
		• •	_		(described on lines 1–10	listed in you	ur governing ment?	support (see	other	support (see
					above (see instructions))	docu	ment?	instructions)	ins	tructions)
						Yes	No			
/A)										
(A) C	layto	n Foundatio	on for Research	74-1541767	4	×		10,334,189.		
(B)										
(C)								:		
(D)										
						 				
(E)										
Tota		1				 		10,334,189.		

Part							
	(Complete only if you checked th						, -
· ·	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.) /	N/A
	on A. Public Support			T () 20/2	1	/ / / / / / / / / / / / / / / / / / / /	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					/	
	include any "unusual grants")					/	
2	Tax revenues levied for the			-		/	
_	organization's benefit and either paid				/		
	to or expended on its behalf				/		
3	The value of services or facilities						
_	furnished by a governmental unit to the				/	ļ	
	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 Saati	Public support. Subtract line 5 from line 4			<u> </u>		<u> </u>	
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(6) 2013	(0) 2010	(u) 2017	(e) 2010	(i) iotai
8	Gross income from interest, dividends,		/				
Ŭ	payments received on securities loans,		/				
	rents, royalties, and income from		/				
	sımılar sources	/					
9	Net income from unrelated business	/					
	activities, whether or not the business						
	is regularly carried on	/				:	
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	/					
11 12	Total support. Add lines 7 through 10 / Gross receipts from related activities, etc.	(eac instructi	000)	L	<u> </u>	12	
13	First five years. If the Form 990 is for the			 Id third fourth			n 501/c)(3)
	organization, check this box and stop he	-					▶ 🛚
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6			I1, column (f))		14	%
15	Public support percentage from 2017 Sch	nedule A, Part	II, line 14			15	%
16a	331/3% support test-2018. If the organi				nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qual						> 🗆
b	331/3% support test—2017. If the organi					ıs 331/3% or m	
	this box and stop heré. The organization			•			· · • 🗆
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "organization	iacis-aliu-cife	umstantes te	sat. The Organi	zation qualifies	as a publicly	supported ▶ □
	,	 347 If the eve					_
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization						▶ □
18	Private foundation. If the organization die	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						. ▶ 🗆
	/				Sch	nedule A (Form 99	 0 or 990-EZ) 2018

2000	3
-age	J

Part	Support Schedule for Organiza					-	
	(Complete only if you checked the						ndér Part II.
· ·	If the organization fails to qualify	under the te	ests listed belo	ow, please co	omplete Part	11.) <u>N</u>	#A
	on A. Public Support	() 0044	1 0045	4) 0040	1,0047	1 (1) 0045	(O Tatal
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
I	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise					 / 	
	sold or services performed, or facilities					/	
	furnished in any activity that is related to the organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an					†	
	unrelated trade or business under section 513				/		
4	Tax revenues levied for the	-					
	organization's benefit and either paid to				/		
	or expended on its behalf			,	/		
5	The value of services or facilities				<u>/</u>		
	furnished by a governmental unit to the			/			
•	organization without charge			/			
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		+	/			
10	received from disqualified persons .]	
b	Amounts included on lines 2 and 3			/	<u> </u>		
	received from other than disqualified			/			
	persons that exceed the greater of \$5,000		/	1			
	or 1% of the amount on line 13 for the year						•
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C1	line 6.)		L_/	<u> </u>			
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2014	/ (b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014	/(b) 2013	(6) 2010	(u) 2017	(6) 2010	(i) Total
10a	Gross income from interest, dividends,	/	1				
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975		<u> </u>				
_	Add lines 10a and 10b	/				-	
11	Net income from unrelated business activities not included in line 10b, whether	<i>[</i>			İ		
	or not the business is regularly carried on						
12	Other income. Do not include gain or		 	 		<u> </u>	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.)		<u></u>	<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for the				-		
Cooti	organization, check this box/and stop he on C. Computation of Public Suppor					• • •	. ▶ □
15	Public support percentage for 2018 (line			13 column (fl)		15	%
16	Public support percentage for 2010 (inter-		-				
	on D. Computation of Investment In			· · · · · · · ·	<u> </u>		
17	Investment income percentage for 2018 (oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2017	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests - 2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz						
	line 18 is not more than 331/3%, check this	_	_			•	
20	Private foundátion. If the organization di	и посспеск а	DOX OF TIME 14	, 19a, OF 19D, (CHECK THIS DOX	anu see instru	ctions ► 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

sect	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		res	INO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		×
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		×
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>		
	(b) and (c) below.	3a		×
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	25	1	
С		3b	N/A	
	ses? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		N/A	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	N/A	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	N/A	·
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			×
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?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	N/A N/A	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	50	IVA	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		×
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with record to a substantial contributor.			
Ω	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		×
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		×
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		×

9b

9с

10a

10b

c Did a disqualified person (as defined in line 9a) 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**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to

the supporting organization had an interest? If "Yes," provide detail in Part VI.

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings)

Part	Supporting Organizations (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		×
b	A family member of a person described in (a) above?	11b		×
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		×
Secti	on B. Type I Supporting Organizations		N/A	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Secti	on C. Type II Supporting Organizations		1	1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ļ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	×	<u> </u>
Secti	on D. All Type III Supporting Organizations	1. •	N/A	
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
0		1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		}	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		L	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations		N/	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	lsee in	etruct	ione)
2	Activities Test. Answer (a) and (b) below.	000 ///		No.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities	2a	<u> </u>	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		,	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	N/A
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20. 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
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 production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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	·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
Secti	on D—Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish e						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	-			
4	Amounts paid to acquire exempt-use assets			,			
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.	· · -		-			
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions	h the organization is res	ponsive				
9	Distributable amount for 2018 from Section C, line 6						
	Line 8 amount divided by line 9 amount						
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
С	c From 2015						
	d From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i_	Carryover from 2013 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D, line 7. \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
Ç	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7 ⁻						
а	Excess from 2014 .						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt I Ln	12g: Other Addl Info: Expenses of \$10,334,189, including grants of
\$6,000,	000, incurred in connection with patent and licensing function for the
benefit	of Clayton Foundation for Research (Clayton) and its supporting entities.
Pt IV S	ec A Ln 1: Research Development Foundation is limited to supporting activities
of (a)	Clayton Foundation for Research, a medical research organization described
in Sect	ion 170(b)(A)(iii), (b) Foundation for Research, (c) Clayton Medical Research
Foundat	ion, and (d) hospitals, medical and scientific schools and organizations
which c	onduct or support medical or scientific research described in Section
501(c)(3) of the Internal Revenue Code and classified as other than private foundations
under S	ections 509(a)(1) or 509(a)(2) of the Code. The Foundation does not make .
any gra	nts or loans to individuals.
	······································
•••••	

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SCHEDULE D (Form'990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

RESEARCH DEVELOPMENT FOUNDATION 88-0234325 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. N/A (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? . 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III N/A Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ords, chec	ck any of the	follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	prog	rams	
b	☐ Scholarly research		е	☐ Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organiza XIII.	tion's collections	and exp	laın how t	hey further t	he org	anızatıon's exe	mpt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		ained as	part of th	e organizatio	n's co	llection?	☐ Yes ☐ No
Part	Escrow and Custodial Arra Complete if the organization		" on Fo	rm 990, I	Part IV, line	9, or	reported an ar	mount on Form
	990, Part X, line 21.		_					N/A
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth						
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the f	ollowing t	able.			
							, F	Mount
С	Beginning balance					1c	+	
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1 <u>f</u>		
2a	Did the organization include an amou If "Yes," explain the arrangement in P							_
Par		art Ain. Oneck her	e ii tiie e	Apianatio	ii iias beeli p	JOVIGE	SU OII FAIT AIII .	<u>···· Ш</u>
. α.	Complete if the organization	answered "Yes	" on Fo	rm 990. l	Part IV. line	10.		
		(a) Current year		nor year	(c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	10,817,339.	10,81	7,339.	10,817,3	39.	10,817,339	. 10,817,339.
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							. 10,817,339.
2	Provide the estimated percentage of t			ce (line 1g	g, column (a))	held a	as:	
a	Board designated or quasi-endowme	nt ▶0	<u></u> %					
b	Permanent endowment ▶ 10	0.%						
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and		AA04					
3a	Are there endowment funds not in th			ization th	at are held a	nd ad	ministered for th	he
- Ju	organization by:	o possossion on a			at aro a			Yes No
	(i) unrelated organizations							3a(i) ×
	(ii) related organizations							3a(ii) ×
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requ	iired on S	chedule R? .			3b N/A
4	Describe in Part XIII the intended uses	·	on's end	owment f	unds.			
Part								
	Complete if the organization			T				
	Description of property	(a) Cost or of (investm		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							<u></u>
b	Buildings	.		<u> </u>				
C	Leasehold improvements				11 170	_	0.574	1 506
d	Equipment	·		 	11,170.		9,574.	1,596.
E Total	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90 Part	X columi	n (B) line 10d	:.)	•	1,596.

Part VII	Investments-Other Securiti			0 =	
	Complete if the organization a			1	
•	(a) Description of security or cate (including name of security)	gory	(b) Book value		od of valuation of-year market value
(1) Financia	derivatives				
(2) Closely-I	neld equity interests				
(A)					
(B)					
(C)			-		
(D)					
(E)					
(F)			ļ <u> </u>		
(G) (H)			<u> </u>		
	(1)	· · · · · · · · · · · · · · · · · · ·			
Part VIII	b) must equal Form 990, Part X, col (B) line 12) Investments—Program Rela			<u> </u>	
Part VIII	Complete if the organization a		rm 000 Part IV Ju	e 11c See Form	990 Part X line 13 N/A
	(a) Description of investment		(b) Book value		od of valuation .
	(a) Description of investment		(b) Book value		of-year market value
(1)					
(2)		······································	 		
(3)	······································				
(4)					
(6)			·-		
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13)	>			
Part IX	Other Assets.				
	Complete if the organization a	nswered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1) Medic	al Patent costs (net of	accumulated amor	tization of \$	3,833,754	5,273,563.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		 			
(9)	mn (h) must squal Form 000. Part V	(col /D) (mo 15)			
Part X	mn (b) must equal Form 990, Part X Other Liabilities.	, cor (B) line 15.)	· · · · · · ·	▶ N	<u>5,273,563.</u> //A
	Complete if the organization a	nswered "Yes" on Fo	rm 990, Part IV, Iır	ne 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal II	ncome taxes		0.		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	a)				
	(b) must equal Form 990, Part X, col (B) line 25)		0.	ala financial atata	de dhed rene de dhe
	r uncertain tax positions. In Part XIII, po				
organization	s liability for uncertain tax positions un	uci Fiin 40 (ASC /40). CR	SON HEIR II THE TEXT OF I	me loothole has been	provided in Part XIII 🔀

Part	·			Retur	n.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	7,749,425.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		
а	Net unrealized gains (losses) on investments	2a	-1,877,824.	↓	
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	-1,877,824.
3	Subtract line 2e from line 1			3	9,627,249.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,782.	.	
b	Other (Describe in Part XIII.)	4b			
_C	Add lines 4a and 4b			4c	27,782.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,655,031.
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements	•		1	10,971,954.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	١.	Ī		
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments	2b		4	
C	Other losses	2c		4	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	• •		2e	
3	Subtract line 2e from line 1	i .		3	10,971,954.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,782.	-	
b	Other (Describe in Part XIII.)	4b	-373,443.	-	245 661
C				4c	-345,661.
5 Down	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	ie 10)		5	10,626,293.
Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4. D	art IV Junes 1h and 2h	u Dart	V line 4: Dort V line
	e the descriptions required for Fart II, lines 3, 3, and 9, Fart III, lines 1a and 1b. Also complete this part				
_, , u	try, mod 2d dild 45, dild i ditryii, mod 2d dild 45 7100 complete tillo part	to pro	vide any additional in		
Pt. X	II, Line 4b: The excess of amortization and aband	onmer	nts of medical	pate	nt
				Pacc	
cost	s over current year capitalized expenditures for	medio	cal patent cost	s.	
Pt V	, Line 4: The Board of Trustees of the Foundation	has	interpreted th	ie Un	iform
Prud	ent Management of Institutional Funds Act (UPMIFA) as 1	equiring the p	rese	rvation
of t	he fair value of the original donor contribution	as of	the contribut	ion	date
of t	he donor-restricted endowment funds. As a result	of t	his interperta	tion	
					,
the	Foundation classifies as permanently restricted no	et ac	sets the origi	nal	value
	oundered of desired as permanently reserved in				
of t	he donated contribution to the permanent endowmen	t. 7	Accordingly onl	v th	e
	The state of the state of the permanent chidownich				~
inco	me, including realized and unrealized gains, is to	o be	used for the F	ound	ation's
acti	vities, except when such assets must be distribute	ed ir	order to main	tain	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Inspection Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, ° U General Support (h) Purpose of grant or assistance X Yes 88-0234325 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. N/A (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. N/A(e) Amount of non-. cash assistance (d) Amount of cash 6,000,000 grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)(3) 1 RIVERWAY #1500 HOUSTON TX 77056 74-1541767 (b) EIN RESEARCH DEVELOPMENT FOUNDATION (1) CLAYTON FOUNDATION FOR RESEARCH 1 (a) Name and address of organization or government Partl Part II

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

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

0

(12)

6

REV 11/06/18 PRO

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2018)

.

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua I space is needed.	als. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
ဗ						
4						
2						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other addit	onal information.
Pt I L	Line 2: Research Development Fo	Foundation is limited to	limited to supp	supporting activit	activities of (a) Clayton Foundation	. Foundation
for Re	for Research, a medical research orc	organization described	ä	17(170(b)(A)(iii), (b) Foundation for	ion for Research,
(c)	edical Research Four		and (d) hospitals, medical	dical and scie	and scientific schools and	organizations
which	which conduct or support medical or	scie	research descri	- 54 ≀	he	Internal Revenue
Code a	and classified as other than private		foundations under Sections) of	the Code. The
Founda	Foundation does not make any grants or l	or loans to	oans to individuals.			

Schedule I (Form 990) (2018)

REV 11/06/18 PRO

BAA

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** RESEARCH DEVELOPMENT FOUNDATION 88-0234325

≥art	Questions Regarding Compensation			
4	Observe the consequence is a selected and former and the following the consequence had an Former		Yes	No
ıa	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	▼ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	×	L.,
_				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	×	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			li
а	The organization?	5a		×
b	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
_		60		×
a b	The organization?	6a 6b		×
U	If "Yes" on line 6a or 6b, describe in Part III.	05		
7	For paragraphic on Form 000 Part VIII Control A line to did the average atom manufactured			<u> </u>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	广		\vdash
_	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		×
				1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		AI/A	
	Regulations section 53 4958-6(c)?	ا م	N/A	I

88-0234325

Research Development Foundation Schedule J (Form 990) 2018

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 on 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 aren't listed on Form 990, Part VII

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

(b) Expendice (c) (c) Expendice (d) (d) (e) Expendice (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(B) Breakdown of W-						
Thomas J Brorby Trustee, Chairman Robert M Wallace Trustee Droughout		V-z and/or 1099-MISC compensation	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
Thomas J Brorby (i) Trustee, Chairman (ii) Robert M Wallace (i)	(ı) Base	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
Thomas J Brorby Trustee, Chairman Robert M Wallace			compensation				
Trustee, Chairman Robert M Wallace	62,025				0	62,025	
Robert M Wallace	224,651				38,211	262,862	
Truetoo Droeidont	150,065				13,206	163,271	
וומסוכבי בובסותבווו	400,737				65,028	465,765	
Jarred W Sloan	120,713				8,803	129,516	
3 Trustee, Vice President, Treasurer (ii)	430,089				69,431	499,520	
Dudley R Dobie (i)	62,025				0	62,025	
4 Trustee	224,651				941	225,592	
Lynn P Carter (i)	62,025				0	62,025	
5 Trustee (ii)	488,777				78,234	567,011	
Joan S Dunlap	41,698				6,255	47,953	
6 Vice President, Assistant Secretary (ii)	167,613				63,901	231,514	
(1)							
7							
(i)							
(ii)							
(E)							0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(ii) 6							
10 (ii)							
(0)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 11 11 11 11 11 11 11 11 11 11 11	1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11 (ii)							
12 (ii)							
(i)							
13 (ii)			:				
(i)							
14 (ii)							
15 (ii)							
		4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	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 1	0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018	REV 11/05/18 PRO	BAA
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	h persons.	such
travel, and no charter travel was provided to	policy does not permit cha	sch
fly economy, depending upon routes and convenience of flight	approved by the Board, but such persons sometimes 1	app:
on Foundation business may travel first class under the travel policy	I Line 4b: Foundation representatives on Foundat	Pt
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.	Provide the information, explanation, or descriptions required for Parl for any additional information.	Provic for an

SCHEDULE L Transactions With Interested Persons
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, Inc. 25a, 25b, 26, 27, 28a,

OMB No 1545-0047

	nent of the Treasury Revenue Service	► Go t	285, or 286, 6 ► Atta o www.irs.gov/F	ch to Fo	orm 990	or Form 990-	EZ.					pen T	o Put tion	blic
Name o	of the organization							Emplo	yer ider	ntıficat	ion nur	mber		
RESI	EARCH DEVELOPM	ENT FOUNDA	TION					88-	0234	325				_
Par		efit Transaction										V, line	 40b.	N/A
1	(a) Name of disqualified	d person	(b) Relationship be	etween di	•	person and		(c) Description	n of trar	nsactio	n		(d) Com	
(1)	· · · · · · · · · · · · · · · · · · ·					+		-					Yes	No
(2)														
(3)								-						
(4)								-						
(5)						ĺ								
(6)														
2	Enter the amount under section 4958		by the organ			gers or disq		-	ring tl	he ye	ar ► \$	 i		
3	Enter the amount of	of tax. if anv. on	line 2. above.	reimbu	ursed by	the organiz	ation			. 1	▶ \$			
		, , , , , , ,	,,											-
Pari (a) N	Complete if the	d/or From Inter he organization reported an am (b) Relationship with organization	answered "Ye	s" on F 990, Pa			1	38a or Form 99	1		(h) Ap		<u> </u>	N/A
					ization?	` `			<u></u>		<u> </u>	nittee?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
/41				То	From		-+		Yes	No	Yes	No	Yes	No
(1)					 	.	_		 		├──	 		
(3)				ļ	 		-+		1		\vdash		\vdash	
(4)		 	<u> </u>	 	 	-	-				\vdash	\vdash	Н	
(5)		 			 		+	.	+	 	\vdash	 		
(6)		1							 	 	$\vdash \vdash$	 	-	
(7)					+				 		\vdash	\vdash		
(8)	-										\vdash		Н	
(9)		-	 		1						\vdash			
(10)									†	 	†	†		
Total							▶ \$	3	1					
Part		ssistance Bene he organization	fiting Interest	ed Per	sons.		ne 27.	ı		•			<u> </u>	N/A
(a)	Name of interested person		ship between inter		c) Amount	t of assistance	(d) Type of assistance	e e	(e)) Purpc	se of a	ssistan	ce

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. REV 11/06/18 PRO

Schedule L (Form 990 or 990-EZ) 2018

•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	<u> </u>	zation' nues?
/4\ 7	llison, MacKenzie, Ltd.	See schedule O	40 000	Legal & Adm. Services	Yes	No X
	rorby, Crozier & Dobie	See Schedule O		Legal Services	╅──	×
	Storby, Crozier & Dobie	see schedule o	410,121.	Legal Services	╅ー	 ^
(3)					+-	\vdash
(4) (5)					+	┼─
(5) (6)					1	-
(0) (7)					 	\vdash
(8)					 	t
(0) (9)						\vdash
10)					 	
Part	V Supplemental Information.			<u> </u>		
-						
						

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 nine 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

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

Schedule L, Part IV - Business transactions involving interested parties

Mr. Christopher MacKenzie, Vice President and Secretary of the Foundation, is a partner in the law firm of Allison, MacKenzie, Ltd. Mr. MacKenzie was elected in October 2013. Allison, MacKenzie, Ltd. is engaged to represent the Foundation in various legal and administrative matters, as well as leasing office space to the Foundation at rates determined by arm's length negotiation.

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

pg. 3	
entification	Number

	ule O (For	m 990) 201	18
	£		

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.

Schedule O (Form 990) 2018	pg. 4
Name of the organization	Employer Identification Number
Research Development Foundation	88-0234325

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	Employer Identification Number
Research Development Foundation	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) 2018	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) nagement d General	(D) Fundraising	
Consulting fees	\$	2,500,000	\$	2,500,000	\$ -	\$	-
Administrative services		9,000		-	 9,000		
Total other fees for services	\$	2,509,000	\$	2,500,000	\$ 9,000	\$	

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

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

\$ (373,443)

SCHEDULE R (Form 990)

Name of the organization

RESEARCH DEVELOPMENT FOUNDATION

Part

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

■ Go to www.irs.gov/Form990 for instructions and the latest information.

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

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number 88-0234325

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 Š (f) Direct controlling × × × × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes X Clayton Foundation for Research (f) Direct controlling entity (e) End-of-year assets N/A Line 11 Type 2 N/A Line 11 Type 2 N/A Exempt Swiss Charity Line 11 Type 2(if US entity) | N/A (e)
Public chanty status
(if section 501(c)(3)) (d) Total income Line N/A(d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)3 501(c)2 501(c)3 501(c)3 (c) Legal domicile (state or foreign country) (b) Primary activity Research DE Conduct medical Research TX Title Holding Corporation TX Research NV Research SZ (b) Primary activity Medical Medical Medical For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA 402 N. Division Street Carson City NV 89703 402 N. Division Street Carson City NV 89703 (1) Clayton Foundation For Reasearch 74-1541767 (4) Clayton Medical Research Foundation, Inc. 51-0306704 (2) Clayton Foundation Company 74-6035675 (a) Name, address, and EIN (if applicable) of disregarded entity (3) Foundation for Research 88-0234196 One Riverway, Suite 1500 Houston TX 77056 One Riverway, Suite 1500 Houston TX 77056 (5) Institut Clayton de la Recherche Case Postale 284 1211 Geneve 4 Suisse (a)
Name, address, and EIN of related organization Part II 티 2 ල € 9 9 9 E

REV 05/17/19 PRO

(i) Section 512(b)(13) controlled Schedule R (Form 990) 2018 (k) Percentage ownership ŝ × × Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 34, because it had one or more related organizations treated as a corporation or trust during the tax year. entity? 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. Yes × (J) General or managing partner? Yes No (h) Percentage ownership 0.00 00.0 of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets . 0 0 (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes ö Ö (g) Share of end-ofyear assets (C corp, S corp, or trust) (f) Share of total income Ω (d)
Direct controlling
entity CLITCU POTONTION TO: ESCUSED Foundation Services, Inc excluded from tax under sections 512—514) (e)
Predominant
income (related,
unrelated, N/A REV 05/17/19 PRO (c)
Legal domicile
(state or foreign country) (d) Direct controlling 402 N Division Street Carson City NV 89703 Holding Company NV ž Technology Transfer Charitable Remainder Trust (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity One Riverway, Suite 1520 Houston TX 77056 (1) Foundation Services, Inc 88-0374369 (2) Clayton Biotechnologies, Inc 76-0377287 (3) Charitable Remainder Trust (2) (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV BAA Ξ 8 2 ල 9 € € 3 3 Ε 9

Page 3

Schedule R (Form 990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Je.				Yes	ss No	ا ہ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	g transactions with one or	more related orgar	iizations listed in Part	s II-IV?		\dashv	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	itrolled entity				1a	×	¥
b Gift, grant, or capital contribution to related organization(s)					1b ×	~	
c Gift, grant, or capital contribution from related organization(s)					10	×	Ļ
d Loans or loan quarantees to or for related organization(s)		•	•		14	×	Ļ
					1	<u> </u>	l,
 Loans of loan guarantees by related organization(s) 					e P	+	- ار
f Dividends from related organization(s)						× 	٦,
Sale of accete to related organization(c)						 	١,
					<u>.</u>	1	, [,
h Purchase of assets from related organization(s)					=	<u>* </u>	<u>,</u>
Exchange of assets with related organization(s)					1i	×	v
Lease of facilities, equipment, or other assets to related organization(s)					1,	×	v
						_	Γ
k Lease of facilities, equipment, or other assets from related organization(s)	(s)u				 *	× 	٦,
Performance of services or membership or fundraising solicitations for related organization(s)	related organization(s)				=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	related organization(s)				٤	×	v
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ed organization(s)				12	×	V
 Sharing of paid employees with related organization(s) 					10	×	
						_	
p Reimbursement paid to related organization(s) for expenses					4 ×	\dashv	
Reimbursement paid by related organization(s) for expenses					19	×	۷ľ
					1		7
Other transfer of cash or property to related organization(s)					-	× :	٠١,
Other transfer of cash of property from related organization(s)					18	×	ار
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	rmation on who must con	iplete this line, inclu	uding covered relation	ships and transactic	on thresh	olds.	
(a) Name of related organization		(b) Transaction type (a – s)	(c) Amount involved	(d) Method of determining amount involved	, amount in	ivolved	
(1) Per instructions, none of the above transactions are reportable on	able on this line.						
							1
		,					
	REV 05/17/19 PRO			Schedule R (Form 990) 2018	(Form 9	90) 20	18



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

(a) (b)	(q)	(0)	(p)	(e)	6		ε	3		₹
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income (related	Are all partners	Share of total income	Share of end-of-vear	Disproportionate allocations?	Code V—UBI	General or managing	Percentage ownership
		country)	unrelated, excluded	501(c)(3)				of Schedule K-1 (Form 1065)		•
		-	sections 512—514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)										
(4)										
(9)	-									
(9)										
(2)										
(8)	,									
(6)	:									
(10)										
(11)										
(12)									-	
(13)										
(14)										
(15)										
(16)										
ВАА			REV 05	REV 05/17/19 PRO				Sche	dule R (For	Schedule R (Form 990) 2018

Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
N/A	
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Page 5

Schedule R (Form 990) 2018