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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public

A Fo	r the 2	2009 ca	lendar yea	r, or tax year begin	ning 01-01-2009	and ending 12-31-20	09		•
B Ch	eck ıf a	pplicable	Please	C Name of organization Stowers Institute for				D Employer id	entification number
☐ Ad	dress ch	ange	use IRS label or		riedical Research			20-29935	
┌ Na	me cha	nge	print or type. See	Doing Business As				E Telephone n	umber
┌ Inr	tıal retu	rn	Specific	Number and street (or PO box if mail is	not delivered to street addr	ress) Room/suite	(816) 926-	
Гте	mınate	d	Instruc- tions.	1000 East 50th Stree	et			G Gross receipts	s \$ 93,524,937
┌ Am	nended	return			or country, and ZIP +	4		1	
Гар	plication	pending		Kansas City, MO 64	1110				
		-	F Nar	ne and address of p	rıncıpal officer		H(a) Is th	■ is a group retui	rn for
			DAVID	M CHAO				ates?	⊤Yes ∀ No
							H(b) Are a	II affiliates inclu	ded?
							1		t (see instructions)
I Ta	ıx-exem	pt status	▼ 501(c)) (3) ◀ (ınsert no)	4947(a)(1) or	527	H(c) Grou	up exemption n	umber 🟲
J W	ebsite	::► n/a							
K For	m of org	ganızatıon	Corporat	tion Trust Associa	ition Cother ►		L Year of fo	ormation 2005	M State of legal domicile DE
Pa	rt I	Sumn	nary				•	•	
	1	STOWE	RS INSTI		AL RESEARCH ("				CAL RESEARCH IN THE
မ ပ		CELLS	- INTERES	- WITH THE GOA	E OT EXTANDIN	- OOK ONDERSTAND		AMENTALTRO	
Governance									
Yell									
	2	Check tl	his box 🛏	fthe organization	n discontinued its	operations or dispose	d of more than	25% of its net	assets
න් ග	3	Number	of voting r	members of the gov	erning body (Pari	t VI, line 1a)		3	36
Activities	4	Number	ofindeper	ident voting membe	rs of the governi	ng body (Part VI, line 1	.b)		10
ctiv				nployees (Part V , lı					379
₫.				lunteers (estimate 					5 <u> </u>
				ted business reven iness taxable incon		I, column (C), line 12			'a <u> </u>
	+ -	Wet aime	nateu busi	mess taxable mesn	16 1101111 01111 0 0	1, IIIIe 34	Pric	or Year	Current Year
	8	Contrib	outions and	d grants (Part VIII		86,433	6,592,984		
≅	9	Prograi	m service	revenue (Part VIII	, line 2g)			0	224,514
Revenue	10	Invest	ment incor	ne (Part VIII, colu	mn (A), lines 3, 4	, and 7d)		-3,778,247	3,834,033
Ť	11	Otherr	evenue (P	art VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		0	165,218
	12			-	•	art VIII, column (A), lii	ne	-3,691,814	10,816,749
	13			ar amounts paid (Pa), lines 1-3)		4,089,365	1,326,774
	14					line 4)		.,,.	0
. A.	15	Salarıe	s, other co	ompensation, emplo	yee benefits (Pa	rt IX, column (A), lines	5-		
Expenses		10)						728,293	26,222,758
ই	16a					ne 11e)			0
ă	b			enses (Part IX, column	· · · · · · · · · · · · · · · · · · ·	116 246		1.604.171	44.010.500
	17 18					, 11f-24f) X, column (A), line 25)	•	1,684,171 6,501,829	44,810,589 72,360,121
	19		•	· ·	·	2		-10,193,643	-61,543,372
<u>~~</u>								g of Current	
Net Assets or Fund Balances								rear	End of Year
ASS HBa	20			rt X, line 16)				633,410,902	565,779,280
# B	21		-					233,561,862	227,504,627
	22 rt III		ature Blo	d balances Subtra	ct line 21 from lir	16 20		399,849,040	338,274,653
r u		_			ave examined this re	eturn, including accompanyin	g schedules and s	statements, and to	the best of my knowledge
						er (other than officer) is bas			
Sigr	1	****	**				2010	-08-03	_
Her		Signa	ture of office	er			Date	00 03	
				ector/President					
		Туре	or print nam	e and title				1	
		Preparer's				Date	Check if self-	Preparer's ident	
Paid		signature	F				empolyed •	(SSS INSTRUCTION	-,
-	arer's	Firm's na	me (or your	KPMG LLP				EIN Þ	
Use	Unly		and ZIP + 4	191 West Nationw					
				Columbus, OH 43				Phone no 🕨 (
Мау	the IR	S discus	s this retu			see instructions) .			ΓYes ΓNο

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

See Schedule O

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										
	If "Yes," describe these new services on Schedule O										
3	Did the organization cease conducting services?				┌ Yes ┌ No						
	If "Yes," describe these changes on Schedule O										
4	Describe the exempt purpose achiev Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	anizations and section	on 4947(a)(1) trusts a	are required to report the am							
4a	(Code) (Expenses :	\$ 65.120.328	ıncludıng grants of \$	1,326,774) (Revenue \$)						
Tu	SIMR'S ACCOMPLISHMENTS ARE DESCRIBE		,	1,525,771 y (Nevenue \$,						
4b	(Code) (Expenses s	\$	including grants of \$) (Revenue \$)						
	-										
4c	(Code) (Expenses	\$	ıncludıng grants of \$) (Revenue \$)						
4d	Other program services (Describe	ın Schedule O)									
	(Expenses \$	including grants of	· \$) (Revenue \$)						
4e	Total program service expenses⊁\$	65,120,32	8								
					F 000 /2.00/						

Part IV	Check	list 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
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> " <i>Yes,"</i> complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IR	S Filings and	Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 32			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		Νo
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1000 E 50TH STREET kansas city, MO 64110 (816) 926-4000

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that 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	Yes	
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	_		
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	461		
C -		16b		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed►MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
-0	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			
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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the SCOTT PETTET	ie orga	nızatıor	n ►

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did no	t compensa	te any o	urre	nt oı	forr	ner of	ficer	, dırector, trustee o	r key employee		
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
JAMES ESTOWERS JR Director	2 0	X						0	0	0	
RICHARD WBROWN Director/CHAIR - see sch o	2 0	Х		Х				0	1,580,754	47,202	
DAVID AWELTE DIRECTOR/SECRETARY See Sch O	2 0	х		х				0	841,856	51,335	
RODERICK L STURGEON DIRECTOR - SEE SCHEDULE O	2 0	Х						0	1,053,247	50,802	
WILLIAM B NEAVES DIRECTOR/PRESIDENT/CEO	40 0	Х		х				1,110,894	0	47,969	
DAVID M CHAO DIRECTOR/PRESIDENT - see sch o	40 0	Х		х				400,063	226,959	38,193	
ROBERT E KRUMLAUF SCIENTIFIC DIRECTOR	40 0				х			430,750	0	50,129	
RONALD C CONAWAY INVESTIGATOR	40 0					х		236,418	0	36,684	
JOAN W CONAWAY INVESTIGATOR	40 0					х		235,846	0	45,501	
JERRY L WORKMAN INVESTIGATOR	40 0					х		231,560	0	41,139	
R SCOTT HAWLEY INVESTIGATOR	40 0					х		225,946	0	53,121	
ARCADY R MUSHEGIAN DIR OF BIOINFORMATICS CENTER	40 0					х		209,552	0	46,117	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	tion ((che		II		Repo compe	D) rtable nsation	(E) Reportable compensation		(F) Estima amount o	ited fother
		per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	n the ation (W- o-MISC)	from related organizations (W- 2/1099- MISC)		compens from t rganizati relat organiza	he on and ed
1b	Total			٠.	٠.	•		F		3,081,029	3,702,8	16		508,192
2	Total number of individuals (inclustation) \$100,000 in reportable compens						d abov	e) wł	no receive	d more th	an	•		
													Yes	No
3	Did the organization list any form on line 1a? If "Yes," complete Sche					key	emplo	yee,	or highes	tcompens	ated employee			
4	For any individual listed on line 1a					• mnei	• • nsatioi	• nand	other co	• • mnensatio	n from the	3		No
•	organization and related organizat											4	Yes	
5	Did any person listed on line 1a re rendered to the organization? If "			•			•		elated org	anızatıon • •	for services	5		No
	ection B. Independent Cont	ractors												
1	Complete this table for your five h	ıghest comp		linde	pen	dent	contr	acto	rs that red	eived moi	e than			
		(A)								Desc	(B)		(C Comper	
	N CAVE LLP X 503089	and business								LEGAL SERV	·		Сотрег	175,727

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►1

Part V	/111	Statement o	of Revenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
쏠쏟	1a	Federated cam	paigns 1a					
速黄	ь	Membership du	es 1b					
≎≝	c	Fundraising eve	ents 1c					
£e≡	d	Related organiz	zations 1d	253,801				
ಲ್ಲ≅		Government grant						
瓮	e	_						
± e ±	f	similar amounts no	ons, gifts, grants, and 1f ot included above	938,976				
듩Ě	g	Noncash contri	butions included in					
튙호		lines 1a-1f \$ _	/2,306 					
ပိုင်း	h	Total. Add lines	s 1a-1f	🟲	6,592,984			
				Business Code				
Ę	2a		EE FROM HHMI,501(C)	900,099	224,514	224,514		
Же	١.	(3)						
<u> </u>	Ь							
Program Service Revenue and other similar amounts	C							
ž.	d							
5	e	-						
grag	f	All other progra	am service revenue					
) န								
	g	Total. Add lines	s 2a-2f		224,514			
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·				
			aramounts)	F	2,995,914			2,995,914
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties	<u> </u>	•	145,263			145,263
			(ı) Real	(11) Personal				
	6a	Gross Rents	415,575					
	ь	Less rental	415,575					
	_c	expenses Rental income						
		or (loss)		<u> </u>				
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	82,964,169	166,563				
		assets other than inventory						
	ь	Less cost or	82,083,964	208,649				
		other basis and sales expenses						
	c c	Gain or (loss)	880,205	-42,086				
	d	Net gaın or (los	ss)		838,119			838,119
	8a		rom fundraising					
<u>•</u>		events (not inc	-					
Other Revenue		\$	 s reported on line 1c)					
ě		See Part IV, lir						
<u>.</u>			а					
프	ь	Less directex	penses b					
ŏ	c c	Net income or ((loss) from fundraising	events 🟲	0			
	9a		rom gaming activities					
		See Part IV , lır	ne 19					
			а					
	Ь		penses b					
	С	Net income or ((loss) from gaming acti	vities 🟲	0			
	10a	Gross sales of returns and allo						
		recurris and allo	owances . a					
	ь	less costofa	oods sold b					
	°		(loss) from sales of inve	entory 🟲	0			
	⊢	Miscellaneous	-	Business Code				
	11a			900,099	19,955			19,955
	ь	OTHER REVEN		,	,_			
								<u> </u>
	C .							
	d	All other reven						
	e	Total. Add lines	s 11a-11d		19,955			
	12	Total ross	See Instructions .					
	**	iotai ievenuė.	See THRUTHOURS .	• •	10,816,749	224,514		3,999,251

	990 (2009)				Page 10
Part	Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(5)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,326,774	1,326,774		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,944,252	1,749,827	194,425	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	17,775,908	15,998,317	1,777,591	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,609,790	2,348,811	260,979	
9	Other employee benefits	2,598,228	2,338,405	259,823	
10	Payroll taxes	1,294,580	1,165,122	 	_
11	Fees for services (non-employees)	1,254,500	2,103,122	125,430	
a	Management	0		+	
a h	Legal	151,620		151,620	
c	Accounting	0		131,020	
d	Lobbying	0			
		0			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	0	1 017 200	112.021	
g	Other	1,130,311	1,017,280	113,031	
12	Advertising and promotion	0			
13	Office expenses	283,798	255,418	+ +	
14	Information technology	360,587	324,528	' 	
15	Royalties	24,949	22,454	· · ·	
16	Occupancy	2,111,355	1,900,220	' 	
17	Travel	548,397	493,557	54,840	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	664,292	597,863	66,429	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,488,362	13,939,526	1,548,836	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	COST-SHARING WITH RELATED ORG	16,809,457	15,128,511	1,680,946	
b	LAB SUPPLIES	6,386,139	5,747,525	638,614	
c	NON-CAPITAL EQUIPMENT	288,108	259,297	28,811	
d	SCIENTIFIC CONSULTING	233,059	209,753	23,306	
e	COLLABORATION EXPENSE	134,804	121,324	13,480	
f	All other expenses	195,351	175,816	 	
25	Total functional expenses. Add lines 1 through 24f	72,360,121	65,120,328	 	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	. 2,330,121	33,123,320	,,23,,733	
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets	Pa	rt X	Balance Sheet					
2 Savings and temporary cash investments								
## A Accounts receivable, net		1	Cash—non-interest-bearing			-49,089	1	3,699,012
A Accounts receivable, net		2	Savings and temporary cash investments				2	
Secretables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		3	Pledges and grants receivable, net			588,187	3	720,639
highest compensated employees Complete Part II of Schedule Security Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(6) Complete Part II of Schedule Secure Ministry P		4	Accounts receivable, net				4	
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) Complete Part II of Schedule L		5		s, key	employees, and			
Persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			Schedule L				5	
Notes and loans receivable, net		6	· · · · · · · · · · · · · · · · · · ·		n 4958(f)(1)) and			
10a			Schedule L				6	
10a	ets	7	Notes and loans receivable, net				7	
100	Š	8	Inventories for sale or use			403,812	8	398,012
Part VI of Schedule D 10a 107.596.364 214.695.493 10c 202.127,907 11 Investments—publicly traded securities 184.307,125 11 136.133,751 12 Investments—other securities See Part IV, line 11 13 1. 13 1. 1. 1. 1.	⋖	9	Prepaid expenses and deferred charges			1,248,322	9	553,403
11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—other securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 399,849,040 27 338,274,683 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 399,849,040 33 338,274,683		10a		10a	1			
12 Investments—other securities See Part IV, line 11 0 12 0 0 13 1 14 14 15 14 14 15 15		ь	Less accumulated depreciation	10b	107,596,364	214,695,493	10c	202,127,907
13 Investments—program-related See Part IV, line 11 13 14 15 15 15 15 15 15 15		11				184,307,125	11	136,133,751
13 Investments—program-related See Part IV, line 11 13 14 15 15 15 15 15 15 15		12	Investments—other securities See Part IV, line 11			0	12	0
15		13					13	
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets				14	
16		15				232,217,052	15	222,146,556
17		16				633,410,902	16	565,779,280
19 Deferred revenue		17	Accounts payable and accrued expenses .			8,448,203	17	7,131,445
19 Deferred revenue		18	Grants payable				18	
Escrow or custodial account liability Complete Part IV of Schedule D		19					19	
Escrow or custodial account liability Complete Part IV of Schedule D		20	Tax-exempt bond liabilities				20	
23 Secured mortgages and notes payable to unrelated third parties	eS.	21		le D			21	
23 Secured mortgages and notes payable to unrelated third parties	biliti	22	Payables to current and former officers, directors, trustees, key					
23 Secured mortgages and notes payable to unrelated third parties	<u> </u>		persons Complete Part II of Schedule L				22	
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties	·			23	
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties				24	
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			225,113,659	25	220,373,182
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			233,561,862	26	227,504,627
Permanently restricted net assets	— Ф		•	plete	lines 27			
29 Permanently restricted net assets	anc	27				399,849,040	27	338,274,653
Permanently restricted net assets	<u>∺</u>							
30 Capital stock or trust principal, or current funds		29				29		
30 Capital stock or trust principal, or current funds	ä		Organizations that do not follow SFAS 117, check here ▶ □ a	nd con	nplet e			
30 Capital stock or trust principal, or current funds	<u> </u>		•		•			
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds				30	
33 Total net assets or fund balances	Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
33 Total net assets or fund balances 399,849,040 33 338,274,653 34 Total liabilities and net assets/fund balances 633,410,902 34 565,779,280		32	Retained earnings, endowment, accumulated income, or other for	unds			32	
34 Total liabilities and net assets/fund balances	<u>¥</u>	33	Total net assets or fund balances			399,849,040	33	338,274,653
	~	34	Total liabilities and net assets/fund balances			633,410,902	34	565,779,280

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Stowers Institute for Medical Research

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

		20-2993509			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruct	tions		
he o	organız	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	<u>~</u>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	(iii). Ente	rthe	
		The Massachusetts General Hospital,			
		Boston, MA		_	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membershi	p fees, ar	nd gros	5 S
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from	om busine	sses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Checl
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)	•		
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	44-43	Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lon in ted in erning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) org	e ion in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
-									<u> </u>
<u>Total</u>									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

PART 1, LINE 4 - CHILDREN'S MERCY HOSPITAL IN KANSAS CITY, MISSOURI AND MASSACHUSETTS GENERAL HOSPITAL IN BOSTON, MASSACHUSETTS

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 20-2993509

Name: Stowers Institute for Medical Research

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
COST-SHARING WITH RELATED ORG	16,809,457	15,128,511	1,680,946	
LAB SUPPLIES	6,386,139	5,747,525	638,614	
NON-CAPITAL EQUIPMENT	288,108	259,297	28,811	
SCIENTIFIC CONSULTING	233,059	209,753	23,306	
COLLABORATION EXPENSE	134,804	121,324	13,480	

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DLN: 93493221003090

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal Revenue Service	► Attach to Fo	orm 990. 🟲 See separate instructi	ons.	Inspection
Name of the organize Stowers Institute for Med			Emp	loyer identification number
Stowers Institute for Med	icai Resedicii		20-	2993509
	zations Maintaining Donor Ac			
organiza	ation answered "Yes" to Form 99			(b) Funds and other accounts
. Total number at	and of year	(a) Donor advised funds	'	(b) Funds and other accounts
	ibutions to (during year)			
	s from (during year)			
Aggregate value	, , ,			
Did the organiza	tion inform all donors and donor adviganization's property, subject to the			ısed ∀es
Did the organiza	tion inform all grantees, donors, and aritable purposes and not for the ben missible private benefit	donor advisors in writing that gra	nt funds may b	
art III Conser	vation Easements. Complete	ıf the organızatıon answered	"Yes" to Forn	n 990, Part IV, line 7.
Preservatio Protection of Preservatio Complete lines 2	onservation easements held by the oin of land for public use (e.g., recreating finatural habitation of open space 2a-2d if the organization held a qualice last day of the tax year	on or pleasure) Preservat Preservat	ion of a certifie	d historic structure
				Held at the End of the Year
Total number of	conservation easements		2a	
Total acreage re	stricted by conservation easements		2b	
Number of conse	ervation easements on a certified his	torıc structure ıncluded ın (a)	2c	
Number of conse	ervation easements included in (c) a	equired after 8/17/06	2d	
the taxable year	ervation easements modified, transfe —————————————— s where property subject to conserva			ne organization during
Does the organi	zation have a written policy regarding the conservation easements it holds?	the periodic monitoring, inspect		f violations, and Yes No
	eer hours devoted to monitoring, insp	5		<i>.</i> —
A mount of exper	nses incurred in monitoring, inspectii	ng, and enforcing conservation ea	isements durin	g the year ► \$
	ervation easement reported on line 2 and 170(h)(4)(B)(II)?	(d) above satisfy the requiremen	ts of section	┌ Yes ┌ No
balance sheet, a	cribe how the organization reports co and include, if applicable, the text of t 's accounting for conservation easen	he footnote to the organization's	•	•
	zations Maintaining Collection te if the organization answered '			her Similar Assets.
art, historical tre	on elected, as permitted under SFAS easures, or other similar assets held XIV, the text of the footnote to its fin	for public exhibition, education o	r research in fu	
historical treasu	on elected, as permitted under SFAS ires, or other similar assets held for j wing amounts relating to these items	public exhibition, education, or re		•
(i) Revenues ind	cluded in Form 990, Part VIII, line 1			► \$
(ii) Assets inclu	ded in Form 990, Part X			► \$
If the organization	on received or held works of art, histories required to be reported under SFA:		assets for finan	
Revenues includ	led in Form 990, Part VIII, line 1			► \$

Assets included in Form 990, Part X

ar	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	<u>easu</u>	res, or O	the	<u>r Similai</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	hat are	e a significa	ant u	se of its co	llection	n	
а	Public exhibition		d	\vdash	Loan o	rexch	nange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's content XIV	ollections and expla	aın hov	v the	/ further	r the o	rganızatıon	ı's ex	empt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than			,					ıılar	Γ	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990),	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for c	ontribut	ions o	r other ass	ets i	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							-	_		A mou	ınt	
C	Beginning balance						_	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	/ear	(c) Two	o Years Back	(d)	Three Years I	Back (e	Four Ye	ears Back
a	Beginning of year balance									_		
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
!	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment	%										
_	·											
b	Permanent endowment 🕨 %	1										
c la	Term endowment % Are there endowment funds not in the posse	asian af the arganiz		-ba+ -	ra bald		dministoro	d 6 0 =	+h.a			
a	organization by	ssion of the organiz	ation	liial c	ire neiu	anu a	ummsteret	u 101	tile		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organization									3b		
	Describe in Part XIV the intended uses of th											
a i	rt VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	90, Pa	irt X, line	10.				
	Description of investment				Cost or of		(b) Cost or ot basis (othe		(c) Accumu depreciat		(d) Boo	k value
а	Land					0	3,400	,000				3,400,000
b	Buildings					0	223,542	,438	52,73	34,917	17	0,807,521
c	Leasehold improvements					0	806	,660	70	1,361		105,299
d	Equipment					0	81,968	,842	54,16	60,086	2	7,808,756
e	Other					0	6	,331		0		6,331

202,127,907

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
10 1411 (0 0 1411) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
ANNUITY RECEIVABLE		222,124,914
OTHER RECEIVABLES		21,642
		·
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
	\=,: *	
Federal Income Taxes		
ADVANCES FROM AFFILIATES	4,685,545	
ANNUITY PAYABLE	215,687,637	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	220,373,182	

Total revenue (Form 990, Part VIII, column (A), line 12)

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	₁	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	- -	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
Cor	polate this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1, and 4, Pr	art IV li	nes 1 h and 2 h

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SCHEDULE D		PART X, LINE 2 - SUMMARY OF FIN 48 CONSOLIDATED
		FOOTNOTE AS IT APPLIES TO STOWERS INSTITUTE FOR
		MEDICAL RESEARCH - AN INTERPRETATION OF FASB
		STATEMENT NO 109 THIS INTERPRETATION CLARIFIES
		THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
		RECOGNIZED IN AN ENTERPRISE'S FINANCIAL
		STATEMENTS IN ACCORDANCE WITH FASB STATEMENT
		NO 109, ACCOUNTING FOR INCOME TAXES THIS
		INTERPRETATION ALSO PRESCRIBES A RECOGNITION
		THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE
		FINANCIAL STATEMENT RECOGNITION AND
		MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED
		TO BE TAKEN IN A TAX RETURN STOWERS INSTITUTE FOR
		MEDICAL RESEARCH IS A TAX-EXEMPT ENTITY AS
		DESCRIBED IN SECTION 501 (c)(3) OF THE CODE
		THEREFORE, IT IS STOWERS INSTITUTE FOR MEDICAL
		RESEARCH TAX POSITION THAT THEY ARE EXEMPT FROM
		FEDERAL INCOME TAXES STOWERS INSTITUTE FOR
		MEDICAL RESEARCH ADOPTED FIN 48 EFFECTIVE
		JANUARY 1, 2007 WITH NO IMPACT TO ITS FINANCIAL
		STATEMENTS

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Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493221003090

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Stowers Institute for Medical Research							Employer Identification number				
510	ntowers institute for Medical Research						20-2993509				
Pa	art I General Infor	mation on Grants	and Assistance				•				
1 2	Does the organization m the selection criteria use Describe in Part IV the o	ed to award the grants	or assistance?				•	✓ Yes			
Pa	Form 990, Part	IV, line 21 for any	Governments and recipient that receive 0) if additional space	d more than \$5,000.	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(f) Method of valuation (book, FMV, appraisal, other)	, . . ,	(h) Purpose of grant or assistance			

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
STIPENDS/FELLOWSHIPS	75	1,326,774		N/A	N/A
See Addıtıonal Data Table					

Part IV	Supplemental Information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
SCHEDULE I		PART I, LINE 2 - SIMR PROVIDES TRAINING STIPEND/FELLOWSHIPS TO UNDERGRADUATES, GRADUATES, AND POST-DOCTORAL CANDIDATES THESE STIPENDS/FELLOWSHIPS ARE PROVIDED FOR THE INDIVIDUAL'S TRAINING AND NOT AS COMPENSATION FOR ANY SERVICES PROVIDED BY THEM TO SIMR STIPENDS/FELLOWSHIPS ARE OFFERED ON A NON-DISCRIMINATORY BASIS TO INDIVIDUALS STUDYING A BASIC BIOMEDICAL FIELD WITH THE OBJECTIVE OF CONTINUING IN THIS FIELD UPON THE COMPLETION OF THEIR EDUCATION AND TRAINING
-		
-		
·-		
·		

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DLN: 93493221003090

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Sto	wers Institute for Medical Research			
Рa	20-2993509 Irt I Questions Regarding Compensation			
	Questions Regulating compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Vindependent compensation consultant Form 990 of other organizations Vindependent compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
RICHARD WBROWN	(ı) (ıı)	0 1,556,066	0	0 24,688	0 36,750	0 10,452	0 1,627,956	C
DAVID AWELTE	(ı) (ıı)	0 828,407	0	0 13,449	0 36,750	0 14,585	0 893,191	C
RODERICK L STURGEON	(ı) (ıı)	0 1,019,869	0	0 33,378	0 36,750	0 14,052	0 1,104,049	C
WILLIAM B NEAVES	(ı) (ıı)	1,087,139 0	0	23,755 0	36,750 0	11,219 0	1,158,863	C
DAVID M CHAO	(ı) (ıı)	399,088 226,667	0	975 292		651 792		C
ROBERT E KRUMLAUF	(ı) (ıı)	427,959 0	0	2,791 0	36,750 0	13,379	480,879 0	C
RONALD C CONAWAY	(ı) (ıı)	235,267 0	0	1,151 0	35,290 0	1,394 0	273,102 0	C
JOAN W CONAWAY	(ı) (ıı)	235,266 0	0	580 0	35,290 0	10,211	281,347 0	C
JERRY L WORKMAN	(ı) (ıı)	230,875	0	685 0	34,631 0	6,508 0	272,699 0	C
R SCOTT HAWLEY	(ı) (ıı)	223,845	0	2,101	34,490 0	18,631 0	279,067 0	C
ARCADY R MUSHEGIAN	(ı) (ıı)	208,888	0	664 0	31,633 0	14,484 0	255,669 0	C

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Schedule J		PART I, LINE 1A - SIMR HAS WRITTEN EMPLOYMENT CONTRACTS WITH WILLIAM B NEAVES, CEO, AND DAVID M CHAO, PRESIDENT, WHICH PROVIDES FOR TAXABLE TERM LIFE BENEFITS AND FOR THE EXECUTIES TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THE BENEFITS PART 1, LINE 1B SIMR PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PURSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WERE APPROVED BY SIMR'S GOVERNING BOARD, SEE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15, FOR ADDITIONAL PROCESSES RELATED TO DETERMINING EXECUTIVE COMPENSATION

Schedule J (Form 990) 2009

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DLN: 93493221003090

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

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

Open to Public Inspection

Name of the organization Stowers Institute for Medical Research Employer identificat								at ion n	umber	
Part I	Excess Benefit Trans Complete of the organization					organı		line 40		
1	(a) Name of disqua			(b) Desc				(•		rected?
sect 3 Ente	er the amount of tax imposed tion 4958 er the amount of tax, if any, o	on line 2, above, re	• • • • eımbursed by th		ons durı • •	ng the y · · ·	/ear under • • ► \$ — • • \$ —			
Part II	Loans to and/or Fr Complete if the organiza			D, Part IV, line 26	, or Forr	n 990-l	Z, Part V, line 38	3 a		
(a) Name	e of interested person and		(c)Original incipal amount	(d)Balance due	(e) I defau		(f) Approved by board or committee?		Writtei	
		To From			Yes	No	Yes No	Yes	S	No
Total . Part III					 /, line 2	7.				
(;	a) Name of interested persor	1 (b) Re		een interested per ganization	rson	(c) A m	nount of grant or t	ype of a	assista	ance
Part IV	Business Transaction Complete If the organ				/, line 2	8a, 28	b, or 28c.			
(a)	Name of Interested person	between person	lationship interested n and the nization	(c) A mount of transaction	(«	l) Desc	ription of transac	tion	organız	aring of zation's nues? No
AMERICA	AN CENTURY COMPANIES	INC SEE SCHE	DULE O		SEI	SCH)			Νo

NonCash Contributions

DLN: 93493221003090

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization Stowers Institute for Medical Research **Employer identification number**

Pa	rt I Types of Property			-	20-2993509			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art	аррисавіс						
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	3	263,801	FAIR MARKET VAL	U E		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	LAB Other►(<u>EQUIPMENT</u>)	x	1	8,505	FAIR MARKET VAL	UE		
	O ther ▶()							
	O ther ▶()							
28	Other ► ()							
29	Number of Forms 8283 received for which the organization compl		= -		29			
20	Boom a the constant to the	.	- b., b., -	and a second	4. 20 46-4.		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No_
	If "Yes," describe the arrangeme					_		
31	Does the organization have a gif	tacceptano	ce policy that requires the i	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?		es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE 0

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493221003090

Open to Public Inspection

Internal Revenue Service Name of the organization Stowers Institute for Medical Research

(Form 990)

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Employer identification number 20-2993509

ldentifier	Return Reference	Explanation
INFORMATION COLUMN TION	FORM 990, PART II, LINE 1 - THE STOWERS INSTITUTE FOR MEDICAL RESEARCH PERFORMS MEDICAL RESEARCH IN THE PUBLIC INTEREST IN CONJUNCTION WITH CHIDREN'S MERCY HOSPITAL IN KANSAS CITY, MISSOURI AND MASSACHUSETTS GENERAL HOSPITAL IN BOSTON, MASSACHUSETTS - BOTH SECTION 501 (C)(3) AND 170(B)(1)(A)(III) HOSPITALS, WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF PUNDAMENTAL PROCESSES IN LIVING CELLS AND IMPROVING LIFES QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PREVENTION OF DISEASE FORM 990, PART III, LINE 4 - SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O FORM 990, PART IVI, LINE 2 - SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O FORM 990, PART IVI, LINE 2 - SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O FORM 990, PART IVI, LINE 2 - SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O FORM 990, PART IVI, LINE 2 - SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O FORM 990, PART IVI, LINE 2 - SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O FORM 990, PART IVI, LINE 2 - SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O FORM 990, PART IVI, DESCRIBED IN RESPONSE TO SCHEDULE I, PART IVI AWASE S ETOWERS JR. RICHARD W BROWN, WILLIAM B NEAVES, DAVID M CHAO, AND RODERICK L STURGEON, DIRECTORS OF SIMR HAVE A BUSINESS RELATIONSHIP, THEY ALL SERVE ON THE BOARD OF BIOMED VALLEY DISCOVERIES, INC., A RELATED PARTY AS DISCUSSED ON SCHEDULE R FORM 990, WART VI, LINE 11A - THE DATA AND INFORMATION THE REVIEWED BY OUR TAX ATTORNEY AT BRY AN CAVE, LLC KPMG, OUR EXTERNAL TAX PREPARERS, USE THIS INFORMATION TO PREPARE THE FORM 990 THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS DISTRIBUTED IN ADVANCE TO ALL SIX OFFICERS OF SIMP FOR THEIR REVIEW AND COMMENTS BEFORE THE FORM 990 IS FILED WITH THE IRS AFTER THE PREPARATION AND REVIEW PROCESS DESCRIBED ABOVE, THE FORM 990, THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS DISTRIBUTED IN ADVANCE TO ALL SIX OFFICERS OF SIMP FOR THEIR REVIEW AND COMMENTS BEFORE THE FORM 990 IS FILED W	
SUPPLEMENTAL INFORMATION		SCHEDULE L, PART IV - CURRENT DIRECTORS AND OFFICERS OF SIMR, RICHARD W BROWN, DAVID A WELTE, AND JAMES E STOWERS JR ARE DIRECTORS OF AMERICAN CENTURY COMPANIES, INC ("ACCI") JAMES E STOWERS JR IS THE FOUNDER OF ACCI AND ALONG WITH OTHER FAMILY MEMBERS RETAINS A CONTROLLING VOTING INTEREST IN ACCI SIMR RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS ("ACI") SIMR RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS ("ACI") SIMR PAYS THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH MUTUAL FUND INVESTOR THE VALUE OF THESE SERVICES, ESTIMATED BY MULTIPLYING SIMR'S AVERAGE AMOUNT OF MUTAL FUND HOLDINGS THROUGHOUT THE YEAR BY THE PUBLISHED ADMINISTRATIVE FEE PERCENTAGE FOR THE APPLICABLE FUNDS, WAS APPROXIMATELY \$862,000 IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SIMR SELECTED A HIGH QUALITY MUTUAL FUND COMPANY WITH AN OUTSTANDING TRACK RECORD SCHEDULE R, PART V, LINE 2 1) IN 2009, SIMR ENTERED INTO A LEASE WITH STOWERS REAL ESTATE HOLDING CORP ("FSREHC") A 501(C)(2) RELATED PARTY AS DESCRIBED BELOW IN (3) FOR USE OF A CERTAIN BUILDING AND PROPERTY, SIMR SUBLEASED ABOUT 6% OF THIS TOTAL PROPERTY TO BIOMED VALLEY DISCOVERIES, INC ("BVD") AS REFLECTED ON FORM 990, PART VIII, BVD MARKET VALUE LEASE PAYMENTS TO SIMR IN 2009 TOTALED \$415,575 AND SIMR HAD OFFSETTING AMOUNT OF EXPENSES DUE TO SIMR RENT PAID TO SREHC BVD IS A CONTROLLED PARTY OF BIOMED VALLEY CORPORATION ("BVC"), BVC AND BVD ARE RELATED PARTIES OF SIMR AS REPORTED ON SCHEDULE R THE RENT PAYMENTS FROM BVD DID NOT REDUCE BVD'S "NET UNRELATED INCOME" WITHIN THE MEANING OF CODE SECTION 512(b)(13)(A) THEREFORE, NO PORTION OF THE RENT PAYMENTS FROM BVD DID NOT REDUCE BVD'S "NET UNRELATED INCOME" WITHIN THE MEANING OF CODE SECTION 512(b)(13)(A) THEREFORE, NO PORTION OF THE RENT PAYMENTS FROM BVD DIS ONGE CODE SECTION 512(b)(13) 2) DURING 2009, BIOMED VALLEY DISCOVERIES, INC ("BVD") TEMPORABILLY USED OFFICE SPACE ON SIMR CAMPUS TOTALING LESS THAN 500 SQUARE FEET OF THE MORE THAN 600,000 SQUARE

ldentifier	Return Reference	Explanation
FORM 990,PART III,LINE 4		2000 Program Service Accomplahments The Slower's histuling for Medical Research ("SME") is a private, nonprofit medical research organization with broadhom in Kansson Cly, Missourin and Carbridge, Missourinss (SME) was founded in 1994 by Juman of Virgina Slowers, two cancer survivors who have dedicated their fortime to supporting basic research in cell and molecular biology that will provide long-term solutions to gene-based diseases SIMP conducts basic bounded research in the public interest that will ultimately provide a greater understanding of the genes and proteins that control bow cells in our bodies multiply, formatissus, and dee Like a growing number of scientists today, institute scientist are commoned that by studying the basic biology of cells they will discover how genes cause many diseases, including cancer, deblests, and demental Basic research conducted at SMR should point the way to the development of new preventions, freatments, and curses for genetic diseases 2009 Notable Research Research Bestuding cancer, deblests, and demental linear provides according to the provides of the provi

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4		Explanation **Drag Nt. Torromoni-Sato C, Sato S, Conaway RC, Conaway JW, Boyer TG, MED19 and MED29 are synergistic functional tages of the RET standing transcription factor in epigenetic standing of neuronal game expression. J Biol Chem 2009;294:2844-2859. **Dinglasian RR, Devemport M, Porens L, Johnson JR, Merbugh CA, Connelly-Conam M, Carlocc LD, Yales JR, Coll Jacobs C, Lorei N M. The Another segarative adult modify pertrophic matrix processom segarative activities of the processor of the p
		SK, Washburn MP, Chen DJ, Chen BP, Villunger A, Florens L, Du C DNA-PKcs-PIDDosome a nuclear caspase-2-activating complex with role in G2/M checkpoint maintenance. Cell. 2009,136 508-520. "Skaar JR, Richard DJ, Saraf A, Toschi A, Bolderson E, Florens L, Washburn MP, Khanna KK, Pagano M. INTS3 controls the hSSB1-mediated DNA damage response. J Cell Biol. 2009,187 25-32.

	D. 4	
ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4		"Silugipher IDD. Das A, Schwartz JW, Rubinstein B, Li R Dual modes of colo27 recycling fine-tune polarized morphogeness to Oci al 2009 if 1923-835 "Siskahash H Martin-From N S Washburi MF Florens L. Conaw y JW, Coneway RC Proteomes revoke a physical and functional link between haptocyte nuclear factor 4(alpha) and TIFID J Biol Chem 2009 264 3265-52412 "Taskahash HY Hz Leu Sis Swarsene NS, Sarrá A, Florens L. Washburn MP, Travel RC, Shriestrad A. Regulation of 1934 Tramethylation via Cpa-40 (Spp1) of COMPASS is monobiquimation independent implication for a Pherfyr switch by the catalytic domain of Sett Mio Cell Biol 2009, 29 478-3448 (Springer) and protein protein and protein pr

ldentifier	Return Reference	Explanation
FORM 990,PART III,LINE 4		"Weake VM, Workman JL. Histone Ubiquitination in RA Bradshaw, and EA Dennis, eds. Handbook of Cell Signaling 2nd ed. Oxford Academic Press, 2009 2449-2460." Weake VM, Workman JL. Hist and run X marks the spott Nat Struct Mil Biol 2009,16 801-803. "Xeit TS time cell in the adult Drosophila Indigut just as sleeping beauty Cell Stem Cell 2009,5 227-228." Xei T, Song X, Jin Z, Pan L, Weng C, Chen S, Zhang N, Interactions between Stem Cells and Their Niche in the Drosophila Ovary. A bastracts of papers presented at the LXXII. Cold Spring Harbor N, Y. Cold Spring Harbor Symposium on Cantifative Biology. Control & Regulation of Stem Cells May 28-June 2, 2008. Cold Spring Harbor N, Y. Cold Spring Harbor Symposium on Cantifative Biology. Control & Regulation of Stem Cells May 28-June 2, 2008. Cold Spring Harbor N, Y. C
		Instituci Catalana de Recerca, Karolinska Institutet, Max Planck Institute, MRC Human Genetics Unit, Moscow State University, Open University, Shanghai Jiao Tong University, Shanghai Rui Jin Hospital

ldentifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		Independent Research Program Leaders Laboratories Individual scientists at the Stowers Institute specialize in the study of one or more particular genes, each of which may cause or have influence in various kinds of disease. A comprehensive list of research leaders follows." "Robert Krumfauf, Ph. D. Scientific Director and Investigator, joined the Stowers Institute in 2000 from England's National Institute for Medical Research, The Ridgew ay, Mill Hill, London, where he w as head of the Division of Developmental Neurobiology. Dr. Krumfauf received a Ph.D. in developmental biology from Chio State University, Research Focus. Analysis of molecular pathways that regulate how the imammalian head, brain and nervous system are built, using a variety of vertebrate model systems." Susan Abmary, Ph.D., Associate Investigator, joined the Stowers Institute in 2003 from the Pennsylvania State University where she served as Associate Professor of Molecular Genetics. She earned a Ph.D. in biochemstry and molecular biology from the Rockefeller University and completed postdoctoral training in the Department of Biochemstry and Molecular Biology at Harvard University under the direction of Professor Tom Maniats. Research Focus. Molecular Biology at Harvard University under the direction of Professor Tom Maniats. Research Focus. Molecular genetics of cell fate specification and differentiation in Drosophila, using the embryonic development of the musculature as a model system." Peter Baumann, Ph.D., Associate hivestigator and Howard Hughes Medical Institute postdoctoral fellow ship in the laboratory of Dr. Thomas R. Cech at the University of Colorado-Boulder. Dr. Baumann received a Ph.D. in biochemstry from the Imperial Cancer Research Fund and University College, London. Research Focus Punctional analysis of felomerses and their roles in cellular immortality and cancer." Marco Blanchette, Ph.D., Assistant Investigator, joined the Stowers institute in 2003 from a postdoctoral position with Dr. Dinald CR. Road and the Dr. Investig

ldentifier	Return Reference	Explanation
	Reference	
SUPPLEMENTAL INFORMATION		Research Focus Inner nuclear membrane protein localization and role in chromosome positioning and segregation." Intending L. Ph. D., investigator, point the Slower's institute in 2000 from the University of Washington Medical Center where he held a faculty appointment after completing postdoctoral training in the laboratory develoa by D. Larcy Hood Dr. La amende his Ph. D. in molecular and cellular bology from New York. University Medical School under the mentoring of Dr. Edward Ziff. Research Focus investigation of molecular and genetic pathways controlling adult stem cell development in the hematopoetic and intestinal systems using transgenic and gene targeting animal model approaches." Yong L. Ph. D., investigation, joined the Stowers Institute in 2005 from the Department of Cell Biology at the University of Celliforna-San Francisco with Dr. Andrew Murray and held a Damon Runjon-Water Winchell Cancer Research Follow ship as a postdoctoral associate with Dr. David Drubin at the University of Celliforna-Berieley. Research Follow ship as a postdoctoral associate with Nat. Ph. D. Assistant investigator, joined the Stower's Institute on 2006 from a Human Frontier Science Program postdoctoral fellow ship in the laboratory of Dr. Gary Runkun at Harvard Medical School Dr. Mak received a Ph. D. in molecular pathology from the Imperial Cancer Research Found and University College, London Research Focus. Genetic and molecular analysis on endocrine control of fat storage." All Shistfard, Ph. D., hyestgator, joined the Stow sers histute in 2007 from the Sant Louis University College, London Research Focus Genetic and molecular analysis on endocrine control of fat storage." All Shistfard, Ph. D., hyestgator, joined the Stowers in Stitute and 2006 from the University of Celliforna School of Medicine and completed postdoctoral training as a lane Coffin Childs Fellow at the Oklahoma Medical Research Focus were shifted to a service of the Sant Louis University of Celliforna Protection and Celliforna Protection and Celliforna

DLN: 93493221003090

Open to Public

Inspection

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Employer identification number

20-2993509

Stowers Institute for Medical Research

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

(a) Name, address, and EIN of disregarded entity

(b) Primary activity (c) Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
STOWERS SCIENTIFIC EDUCATION INSTITUTE					
1000 E 50TH STREET	SUPPORT ORG	DE	501(c)(3)	11A	NA
KANSAS CITY, MO 64110 20-5916445					
STOWERS RESOURCE MANAGEMENTINC					
1000 E 50TH STREET	SUPPORT ORG	DE	501(c)(3)	11a	NA
KANSAS CITY, MO 64110 41-2186719					
BIOMED VALLEY CORPORATION					
1000 E 50TH STREET	SUPPORT ORG	DE	501(c)(3)	11a	NA
KANSAS CITY, MO 64110 74-3047889					
STOWERS REAL ESTATE HOLDING CORPORATION					
1000 E 50TH STREET	HOLD TITLE	DE	501(c)(2)	N/A	NA
KANSAS CITY, MO 64110 26-1472230					

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

(b) Name, address, and EIN of related organization

Primary activity

(c) Legal (d) Direct controlling domicile (state or entity foreign country)

(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)

(f) Share of total income

(g) Share of end-of-year assets

(h) Disproprtionate allocations?

(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)

(j) General or managing partner?

Yes No Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
BIOMED VALLEY DISCOVERIESINC 8333 HICKMAN MILLS DRIVE KANSAS CITY, MO64132 06-1646533	SCI DISC DVLP	DE	NA	С			

(6)

Part V Transactions With Related Organizations (Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 34, 35, or 36.)
-----------------------------------------------------------------------------------	--------------------------------------------------------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1 b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f	Yes	
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
i	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	\vdash
-	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	\vdash
	Sharing of paid employees	1n	Yes	\vdash
0	Reimbursement paid to other organization for expenses	10	Yes	\vdash
	Reimbursement paid by other organization for expenses	1p	Yes	
P	Rembarsement paid by other organization for expenses	Ė		
_	O ther transfer of cash or property to other organization(s)	1q		No
	Other transfer of cash or property from other organization(s)	1r		No
•	other transfer of cash of property from other organization(s)	ш.		
_				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) Name of other organization Am		c) Involve	ad

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) BIOMED VALLEY DISCOVERIESINC	Α	415,575
(2) BIOMED VALLEY DISCOVERIESINC	Α	10,636
(3) STOWERS REAL ESTATE HOLDING CORP]	2,230,551
(4) STOWERS REAL ESTATE HOLDING CORP	Р	148,511
(5)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No