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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A</b> For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization MRIGlobal		<b>D</b> Employer identification number 44-0545878
		Doing Business As		<b>E</b> Telephone number (816) 753-7600
		Number and street (or P O box if mail is not delivered to street address) 425 Volker Blvd	Room/suite	<b>G</b> Gross receipts \$ 115,696,135
		City or town, state or country, and ZIP + 4 Kansas City, MO 64110		
	<b>F</b> Name and address of principal officer Michael F Helmstetter 425 Volker Blvd Kansas City, MO 64110		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ▶ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ www.mriglobal.org				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1943	<b>M</b> State of legal domicile MO	

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities NOT-FOR-PROFIT CORPORATION FOR THE PURPOSE OF PERFORMING SCIENTIFIC RESEARCH WHICH IS IN THE PUBLIC INTEREST		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	1
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	1
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	64
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	68,621,830	173,601
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	84,248,509	111,869,400
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	298,053	349,498
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	155,516	45,212
			153,323,908	112,437,711
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	100,000	85,000
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	53,830,051	57,031,410
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	103,477,650	56,701,949
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	157,407,701	113,818,359
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	-4,083,793	-1,380,648
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16) . . . . .	88,222,439	90,489,546
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	50,680,936	51,955,842
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	37,541,503	38,533,704

## Part II Signature Block

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	***** Signature of officer		2011-05-11 Date		
	Richard Thomas Fleener SR VP & CFO Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature  KPMG LLP		Date	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  KPMG LLP 1000 Walnut St Suite 1000 Kansas City, MO 64106		EIN 		
			Phone no  (816) 802-5200		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

MRIGLOBAL SOLVES CHALLENGING PROBLEMS THROUGH SCIENCE, ENGINEERING, AND PROGRAM MANAGEMENT TO BENEFIT SOCIETY AND FOSTER A SAFE, HEALTHY, AND SUSTAINABLE ENVIRONMENT WE ACHEIVE OUR MISSION THROUGH A DEDICATED WORKFORCE COMMITTED TO QUALITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 67,128,234 including grants of \$ 85,000 ) (Revenue \$ 87,802,947 )

Midwest Operations (MWO) MWO IS MRIGLOBAL'S LARGEST LABORATORY DIVISION THAT FOCUSES RESEARCH INTO 5 FOCUS AREAS NATIONAL SECURITY AND DEFENSE, LIFE SCIENCES, AGRICULTURE AND FOOD SAFETY, TRANSPORTATION SAFETY AND ENERGY/ENVIRONMENT THE LARGEST CLIENT SECTOR IS THE US GOVERNMENT FOR WHICH MORE THAN 90% OF PROJECT WORK IS PERFORMED, SPECIFICALLY IN AREAS OF APPLIED RESEARCH AND DEVELOPMENT AND TEST AND EVALUATION MRIGLOBAL'S CONTRACT WORK IS DERIVED FROM THE ABILITY TO WORK WITH HIGHLY REGULATED CHEMICALS, BIOLOGICAL PATHOGENS AND CONTROLLED MATERIALS IN LABORATORIES REQUIRING HIGH LEVELS OF OVERSIGHT AND CERTIFICATION MRIGLOBAL CONDUCTS A NUMBER OF SYSTEMS ENGINEERING AND INTEGRATION PROGRAMS THAT TARGET THE DEVELOPMENT OF NATIONAL SECURITY TECHNOLOGIES MRIGLOBAL IS ALSO CONDUCTING A NUMBER OF SPECIFIC STUDIES THAT TARGET THE DEVELOPMENT OF THERAPEUTICS AND VACCINES UNDER FEDERALLY MANDATED PREPAREDNESS PROGRAMS THE MWO PROGRAMS IN TRANSPORTATION SAFETY ARE IN DIRECT SUPPORT OF THE FEDERAL HIGHWAY ADMINISTRATION

4b

(Code ) (Expenses \$ 14,344,733 including grants of \$ ) (Revenue \$ 17,461,167 )

Mid-Atlantic Operations (MAO) THE MAO DIVISION FOCUSES ON BIOSAFETY, BIOSURETY, AND BIOSECURITY PROGRAMS AND CONDUCTS MONITORING AND ANALYSIS PROGRAMS FOR BIOLOGICAL PATHOGENS AND SUPPORTS TEST AND EVALUATION OF EMERGING BIOTECHNOLOGIES THE PROGRAMS ARE CONDUCTED (MORE THAN 95%) FOR FEDERAL CUSTOMERS THE MAO PROVIDES STAFF AND FACILITIES THAT MEET A NUMBER OF FEDERAL REQUIREMENTS FOR SAFETY AND SECURITY AND REQUIRE SIGNIFICANT INTERACTION WITH FEDERAL SPONSORS ON A ROUTINE BASIS THE BIOSAFETY AND BIOSECURITY PROGRAMS ARE CONDUCTED FOR THE DOD (UNITED STATES DEPARTMENT OF DEFENSE)/DEFENSE THREAT REDUCTION AGENCIES BIOTHREAT REDUCTION PROGRAM AND ARE FOCUSED ON IMPROVING LABORATORIES AND RELATIONSHIPS IN THE FORMER SOVIET UNION THE MONITORING, ANALYSIS, TEST, AND EVALUATION PROGRAMS PROVIDE SUPPORT TO THE DOD, THE DEPARTMENT OF HOMELAND SECURITY (DHS), AND OTHER GOVERNMENT AGENCIES

4c

(Code ) (Expenses \$ 6,772,447 including grants of \$ ) (Revenue \$ 6,605,286 )

Florida Division MRIGLOBAL conducts programs from our Florida Division that complement skills and resources with MWO and MAO The primary customer base for the Florida Division is DOD and DHS

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e














Total program service expenses

\$ 88,245,414

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	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	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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	No
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, line 10? 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 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
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? If "Yes," complete Schedule F, Part I 	14b	Yes
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	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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

Part IV

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	95		
	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	645		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b 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	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> 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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
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	No
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).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No	
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.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a 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		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		11b			
12a 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			12b		

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	19	
b	Enter the number of voting members that are independent . . .	1b	16	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	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		No
b	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? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 organization ▶ RICHARD T FLEENER MRIGLOBAL 425 VOLKER KANSAS CITY, MO 64110 (816) 360-1903

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	4,662,857	0	954,196
-----------	------------------------	-----------	---	---------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **94**

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Smith Carter 1000 Lenox Drive TRENTON, NJ 08648	R&D	1,204,415
BOOZ ALLEN HAMILTON INC 3190 FAIRVIEW PARK DR FALLS CHURCH, VA 22042	R&D	815,388
Industrial Contractors 1432 Stockyard Road PUEBLO, CO 81001	R&D	1,175,871
Bode Technology 10430 Furnance Rd Ste 107 LORTON, VA 22079	R&D	1,383,939
Boston Dynamics 78 4th Ave WALTHAM, MA 02451	R&D	3,145,197

**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 **23**

Part VIII

Statement 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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	173,601				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			173,601			
Program Service Revenue			Business Code					
	2a	RESEARCH CONTRACTS	541,700	111,869,400	111,869,400			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			111,869,400			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			319,461		319,461	
	4	Income from investment of tax-exempt bond proceeds . .			9,332		9,332	
	5	Royalties . . . . .			19,300		19,300	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		3,249,047		30,082				
		3,242,380		16,044				
		6,667		14,038				
	d	Net gain or (loss) . . . . .			20,705		20,705	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a						
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from fundraising events . .			0			
9a	Gross income from gaming activities See Part IV, line 19 . . . . .							
	a							
b	Less direct expenses . . . . .		b					
c	Net income or (loss) from gaming activities . .			0				
10a	Gross sales of inventory, less returns and allowances . . . . .							
	a							
b	Less cost of goods sold . . . . .		b					
c	Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS		900,099	25,912			25,912	
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			25,912				
12	Total revenue. See Instructions . . . . .			112,437,711	111,869,400	0	394,710	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	85,000	85,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
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 . . . . .	5,314,773	2,223,422	3,091,351	
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	39,547,897	30,640,298	8,907,599	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,007,063	2,965,478	1,041,585	
9	Other employee benefits . . . . .	5,086,238	3,764,135	1,322,103	
10	Payroll taxes . . . . .	3,075,439	2,276,018	799,421	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	98,672	14,222	84,450	
c	Accounting . . . . .	160,986		160,986	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	1,870,115	726,796	1,143,319	
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	1,804,127	938,619	865,508	
14	Information technology . . . . .	1,862,561	1,069,207	793,354	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	10,273,322	7,002,735	3,270,587	
17	Travel . . . . .	695,741	393,468	302,273	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	190,989	91,473	99,516	
20	Interest . . . . .	1,034,909	1,034,909		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	4,821,541	2,402,605	2,418,936	
23	Insurance . . . . .	391,405	204	391,201	
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 )				
a	DIRECT PROJECT COSTS	30,184,356	30,184,356		
b	PATENT	58,169	58,169		
c	BAD DEBT	103,016	103,016		
d	UNALLOWABLE EXPENSES	490,876	92,158	398,718	
e	HR ACTIVITIES	796,956	636,835	160,121	
f	All other expenses	1,864,208	1,542,291	321,917	
25	Total functional expenses. Add lines 1 through 24f	113,818,359	88,245,414	25,572,945	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			3,021,265	1	6,458,415
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .			1,777,107	3	0
	4	Accounts receivable, net . . . . .			11,284,772	4	10,062,453
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			1,226,162	7	1,368,434
	8	Inventories for sale or use . . . . .			456,552	8	368,463
	9	Prepaid expenses and deferred charges . . . . .			754,291	9	799,077
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	89,951,497			
	b	Less accumulated depreciation . . . . .	10b	43,316,500	48,505,090	10c	46,634,997
	11	Investments—publicly traded securities . . . . .			1,667,920	11	4,293,034
	12	Investments—other securities See Part IV, line 11 . . . . .			673,725	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .			936,392	13	285,548
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			17,919,163	15	20,219,125
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			88,222,439	16	90,489,546
Liabilities	17	Accounts payable and accrued expenses . . . . .			11,222,219	17	13,473,939
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			20,041,472	20	20,017,820
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			3,935,891	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			15,481,354	25	18,464,083
	26	Total liabilities. Add lines 17 through 25 . . . . .			50,680,936	26	51,955,842
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			35,764,396	27	38,533,704
	28	Temporarily restricted net assets . . . . .			1,777,107	28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			37,541,503	33	38,533,704
	34	Total liabilities and net assets/fund balances . . . . .			88,222,439	34	90,489,546

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> 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 . . . .	Yes	
<b>d</b> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .	Yes	
<b>b</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 . . .	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

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

2009

Open to Public Inspection

Name of the organization  
MRIGlobal

Employer identification number  
44-0545878

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check 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

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or 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 supporting organization, check this box

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) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	205,989,508	197,076,948	242,209,909	68,621,830	173,601	714,071,796
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	77,808,118	80,652,995	80,194,864	84,248,509	111,869,400	434,773,886
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	283,797,626	277,729,943	322,404,773	152,870,339	112,043,001	1,148,845,682
7aAmounts included on lines 1, 2, and 3 received from disqualified persons		95,751	4,249			100,000
bAmounts 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	33,399,721	34,360,406	28,437,710	47,653,528	82,276,065	226,127,430
cAdd lines 7a and 7b	33,399,721	34,456,157	28,441,959	47,653,528	82,276,065	226,227,430
8Public Support (Subtract line 7c from line 6 )						922,618,252

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	283,797,626	277,729,943	322,404,773	152,870,339	112,043,001	1,148,845,682
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	786,432	998,015	1,727,258	506,128	348,093	4,365,926
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	786,432	998,015	1,727,258	506,128	348,093	4,365,926
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	8,210	11,200	16,242	75,116	25,912	136,680
13Total support (Add lines 9, 10c, 11 and 12 )	284,592,268	278,739,158	324,148,273	153,451,583	112,417,006	1,153,348,288
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	79.995 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	86.710 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0.379 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.330 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



**Part IV**

**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

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.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> MRIGlobal	<b>Employer identification number</b> 44-0545878
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ►\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	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 . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	
(ii) related organizations . . . . .	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		641,507		641,507
b Buildings . . . . .		53,552,723	18,090,210	35,462,513
c Leasehold improvements . . . . .		845,813	615,164	230,649
d Equipment . . . . .		30,961,727	22,735,988	8,225,739
e Other . . . . .		3,949,727	1,875,138	2,074,589
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				46,634,997



Part XI

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

1	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	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
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 XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
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	

Part XIV

Supplemental Information

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.

Identifier	Return Reference	Explanation
Schedule D, Part X	FIN 48 FOOTNOTE	MRIGLOBAL ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD(FASB)INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES- AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) FIN 48 PROVIDES SPECIFIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, PRESCRIBING RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES. THE ADOPTION OF FIN 48 BY MRIGLOBAL DID NOT HAVE A MATERIAL IMPACT ON THE COMPANY'S FINANCIAL POSITION, RESULTS OF OPERATIONS, OR CASH FLOWS.



[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]



Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2009

Open to Public  
Inspection

Name of the organization  
MRIGlobal

Employer identification number  
44-0545878

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Science PioneersUnion Station 30 W Pershing Ste 410 Kansas City, MO 64108	440607132	501(c)(3)	45,000				Foster scientific education, innovation, and growth
KC Area Life Sciences Institute1055 Broadway Suite 130 Kansas City, MO 64105	431889037	501(c)(3)	25,000				Foster scientific education, innovation, and growth
Cornell University200 Rice Hall Ithaca, NY 14853	150532082	501(c)(3)	15,000				Foster scientific education, innovation, and growth

2

Enter total number of section 501(c)(3) and government organizations . . . . .

3

3

Enter total number of other organizations . . . . .

0

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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Part 1, Line 2		MRIGLOBAL ONLY GRANTS FUNDS TO IRC SECTION 501(C)(3) ORGANIZATIONS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization MRIGlobal	Employer identification number 44-0545878
---------------------------------------	--

Part I

Questions Regarding 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		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain		No
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?	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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or 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		
a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
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		
a The organization?	Yes	
b Any related organization?		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		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)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Dan Arvizu	(i) (ii)	418,399 0	135,000 0	9,156 0	105,955 0	23,060 0	691,570 0	0 0
Fred V Cornwell	(i) (ii)	171,130 0	0 0	68,137 0	18,863 0	24,764 0	282,894 0	0 0
Michael F Helmstetter	(i) (ii)	385,111 0	80,000 0	6,900 0	50,129 0	22,782 0	544,922 0	0 0
James L Spigarelli	(i) (ii)	473,821 0	120,000 0	70,397 0	6,125 0	18,218 0	688,561 0	0 0
Lyla Perrodin	(i) (ii)	141,922 0	2,000 0	456 0	24,487 0	10,813 0	179,678 0	0 0
Thomas M Sack	(i) (ii)	237,179 0	12,000 0	276 0	70,573 0	21,410 0	341,438 0	0 0
Giuliano Radolovich	(i) (ii)	184,373 0	8,000 0	972 0	155,935 0	23,909 0	373,189 0	0 0
Michael J Ehret	(i) (ii)	203,845 0	6,000 0	518 0	23,502 0	16,884 0	250,749 0	0 0
Roger K Harris	(i) (ii)	185,188 0	8,000 0	456 0	55,931 0	15,536 0	265,111 0	0 0
Dale A Gardner	(i) (ii)	225,485 0	53,000 0	792 0	49,281 0	16,945 0	345,503 0	0 0
Fraser P Ward	(i) (ii)	259,552 0	5,191 0	724 0	42,738 0	3,656 0	311,861 0	0 0
Johnny D Callahan	(i) (ii)	178,707 0	0 0	97,042 0	3,366 0	20,580 0	299,695 0	0 0
Joseph S Broz	(i) (ii)	204,043 0	5,319 0	48,835 0	20,049 0	20,141 0	298,387 0	0 0
Michael A Pacheco	(i) (ii)	211,378 0	12,000 0	276 0	38,915 0	25,434 0	288,003 0	0 0
Linda D Evans	(i) (ii)	135,271 0	2,000 0	696 0	43,201 0	15,234 0	196,402 0	0 0

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.

Identifier	Return Reference	Explanation
PART I, LINE 1A		QUESTIONS REGARDING COMPENSATION MRIGLOBAL REIMBURSES CERTAIN OFFICERS OF THE COMPANY FOR AUTOMOBILE & SOCIAL CLUB ALLOWANCES, AS WELL AS SPOUSE TRAVEL. MRIGLOBAL DOES NOT HAVE A SPECIFIC POLICY REGARDING THESE TYPES OF REIMBURSEMENTS. HOWEVER, THESE REIMBURSEMENTS ARE APPROVED BY THE BOARD OF DIRECTORS BY AND THROUGH THE COMPENSATION COMMITTEE AND WRITTEN INTO THE EMPLOYEE'S OFFER LETTER.
PART I, LINE 4A	QUESTIONS REGARDING COMPENSATION	FRED V. CORNWELL RECEIVED A SEVERANCE PAYMENT OF \$45,674. JOSEPH S. BROZ RECEIVED A SEVERANCE PAYMENT OF \$17,389.
PART I, LINE 6A	QUESTIONS REGARDING COMPENSATION	THE ANNUAL NET INCOME OBJECTIVE IS APPROVED BY THE BOARD OF DIRECTORS. THE INCENTIVE COMPENSATION PARTICIPANTS ARE CATEGORIZED INTO GROUPS, WITH EACH GROUP CONTAINING A TARGET INCENTIVE PERCENTAGE RANGE. PARTICIPANTS' TARGET INCENTIVE IS A PERCENTAGE OF THEIR BASE PAY. PARTICIPANTS ARE ELIGIBLE TO RECEIVE 100% OF THEIR TARGET INCENTIVE COMPENSATION IF THE ANNUAL NET PROJECT INCOME OBJECTIVE IS ACHIEVED. HOWEVER, IF THE ANNUAL NET PROJECT INCOME OBJECTIVE IS NOT ACHIEVED BUT RESEARCH OPERATIONS REALIZES A POSITIVE NET PROJECT INCOME FOR THE YEAR, THE PARTICIPANTS WILL RECEIVE A PRO RATA PORTION OF THEIR TARGETED INCENTIVE. IF THE ANNUAL NET PROJECT INCOME OBJECTIVE IS EXCEEDED, PARTICIPANTS ARE ELIGIBLE TO RECEIVE INCENTIVE PAYMENTS RANGING FROM 1-2 TIMES THEIR TARGET INCENTIVE. THE TOTAL AMOUNT OF INCENTIVE COMPENSATION MAY NOT, IN ANY CASE, EXCEED 25% OF THE ACTUAL ANNUAL NET PROJECT INCOME. ONCE SENIOR MANAGEMENT HAS APPROVED THE INCENTIVE COMPENSATION PLAN, THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PLAN FOR ALL INCENTIVE-ELIGIBLE EMPLOYEES.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
MRIGlobal

Employer identification number  
44-0545878

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A MISSOURI DEVELOPMENT FINANCE BOARD	43-1387649	60637MAF3	03-28-2007	20,190,867	RESEARCH FACILITIES		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	21,002,131									
2	Gross proceeds in reserve funds	2,000,209									
3	Proceeds in refunding or defeasance escrows	0									
4	Other unspent proceeds	0									
5	Issuance costs from proceeds	403,817									
6	Working capital expenditures from proceeds	0									
7	Capital expenditures from proceeds	18,598,314									
8	Year of substantial completion	2010									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X									
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X									
b	Name of provider	Natixis Funding Corp									
c	Term of GIC	1 65									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								



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.**

OMB No 1545-0047

2009

Open to Public  
Inspection

<b>Name of the organization</b> MRIGlobal	<b>Employer identification number</b>  44-0545878
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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Jonathan Kemper Director	DIR/CEO OF COMMERCE BANK	359,109	BANKING SERVICES		No
Greg Graves Director	PRES OF BURNS & MCDONNELL	191,609	GENERAL CONTRACT SERVICES		No
Richard Meyers Director	DIR OF AON	113,394	ACTUARIAL SERVICES		No

Additional Data

Software ID:  
Software Version:  
EIN: 44-0545878  
Name: MRIGlobal

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493132035001
SCHEDULE O (Form 990)  Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.		OMB No 1545-0047
			2009
	Name of the organization MRIGlobal		Employer identification number 44-0545878

Identifier	Return Reference	Explanation
FORM 990, ITEM C		MIDWEST RESEARCH INSTITUTE CHANGED ITS NAME TO MRIGLOBAL AS OF FEBRUARY 25, 2011 THEREFORE, THE FORM 990 HAS REFLECTED THIS CHANGE

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS	JONATHAN KEMPER AND THOMAS MCDONNELL HAVE A BUSINESS RELATIONSHIP MICHAEL MORRISSEY , BARRETT BRADY , ROBERT LONG, AND WILLIAM HALL HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11A	REVIEW OF 990 PRIOR TO FILING	THE 990 IS REVIEWED BY MRIGLOBAL STAFF, INCLUDING THE CFO, CONTROLLER, AND SENIOR COUNSEL A FINAL DRAFT VERSION IS ALSO REVIEWED BY MRIGLOBAL'S AUDIT COMMITTEE A FINAL VERSION IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING THE 990

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C	MONITORING AND ENFORCEMENT OF BOARD INDEPENDENCE	The officers, directors, trustees and key employees of MRIGLOBAL are required to complete a disclosure statement on an annual basis The disclosures set forth on the statements are presented to the Audit Committee of the MRIGLOBAL Board of Directors by the MRIGLOBAL Compliance Officer The Audit Committee discusses the disclosure statements to determine if any potential conflict of interest situations exist with respect to the officers, directors, trustees and key employees of MRIGLOBAL At the following MRIGLOBAL Board Meeting, an executive summary of the disclosure statements is presented to the Directors and the Audit Committee reports the outcome of its discussion to the Directors The Directors are presented the opportunity to discuss the Audit Committee's findings or any other potential conflict of interest issues presented in the executive summary Ultimately, the Board of Directors will determine whether a conflict of interest exists with respect to any officer, director, trustee or key employee of MRIGLOBAL The Audit Committee's findings and the Directors' discussion of potential conflict of interest situations are recorded in the minutes of the Board meeting, including determination of whether a conflict of interest exists, the names of the individuals involved, the nature of the potential conflict, the action taken and the basis on which the Board reached its decision MRIGLOBAL has certain procedures with respect to addressing a conflict of interest transaction Any action to be taken by MRIGLOBAL involving or pertaining to an individual, entity or circumstance with respect to which an officer, director, trustee or key employee (each, a "Covered Person") has a conflicting interest will be discussed and voted on by the Board of Directors The Covered Person will leave the meeting during the discussion of, and the vote on, the transaction or arrangement that may result in a conflict of interest In considering any such action to be taken, the Board will undertake appropriate due diligence and inform itself of all material information reasonably available to it and explore all reasonable alternatives to the proposed action that would not involved the conflict of interest The standard for the determination of whether to undertake the proposed action is whether such action is, based on a reasonable good-faith belief, (i) in MRIGLOBAL's best interest, (ii) for its own benefit, and (iii) fair and reasonable to MRIGLOBAL The Board will document whether or not the conflict of interest transaction was approved, the names of the persons present for the discussions and vote, the content of the discussion, whether alternatives were discussed that did not involve a conflict of interest, the basis for the determination that the transaction was (i) in MRIGLOBAL's best interest, (ii) for its own benefit, and (iii) fair and reasonable to MRIGLOBAL, and the record of the vote taken with respect to who voted to approve the transaction If the Board has reasonable cause to believe that a Covered Person has failed to disclose a conflict of interest situation, it will afford the Covered Person an opportunity to explain the alleged failure to disclose If, after hearing the response of the Covered Person and making such further investigation as may be warranted under the circumstances, the Board determines that the Covered Person has in fact failed to disclose a conflict of interest situation, it will take appropriate corrective action The MRIGLOBAL Conflict of Interest policy requires that the officers, directors, trustees and employees of MRIGLOBAL disclose any potential conflict of interest situation to the appropriate party, including an employee's supervisor, a representative of Human Resources, the Compliance Officer, the Board of Directors or the MRIGLOBAL Ethics Hotline, upon awareness that a conflict of interest may exist Potential conflict of interest situations associated with employees (other than officers, directors, trustees and key employees) are handled by the MRIGLOBAL Compliance Officer, in collaboration with the employee's supervisor and MRIGLOBAL Senior Management, as appropriate All MRIGLOBAL employees are required on an annual basis to complete a compliance questionnaire, which affords them the opportunity to disclose any potential conflict of interest situations that have not already been reported or to certify that they are not aware of any potential conflict of interest situations Failure to disclose a potential conflict of interest situation may result in corrective action to the employee

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15B	COMPENSATION OF OFFICERS, DIRECTORS, KEY EMPLOYEES	MRIGLOBAL's Compensation Committee (Committee) of the Board of Directors is responsible for reviewing compensation for Institute employees and approving executive compensation in all areas On an annual basis the Committee reviews and approves compensation for executive officers of the Institute and other managers as directed by the Board The Committee reviews and approves the CEO's performance evaluations and compensation recommendations for the executives The Committee also monitors summary data on the Institute's employee population (e.g. total personnel costs, employee diversity, turnover, etc.) The Committee utilizes compensation survey data, provided by an outside party, to benchmark compensation against similarly-situated companies The Committee's minutes document the decisions and basis used for MRIGLOBAL's executive compensation

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS	MRIGLOBAL's governing documents and financial statements are made available to the public upon request MRIGLOBAL's conflict of interest policy is not made available to the public

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	GOVERNING BODY AND MANAGEMENT	The governing body has delegated authority to act on its behalf to an Executive Committee The Executive Committee may exercise any and all powers of the Board of Directors subject to the paramount power of the Board The Executive Committee may convene between Board meetings to make decisions that cannot be delayed until the next Board meeting The Executive Committee members are all voting Directors Specifically, the committee is comprised of the Chair of the Board, Vice Chair of the Board, Chair of the Finance and Investment Committee, Chair of the Audit Committee, Chair of the Nominating Committee and Chair of the Compensation Committee

Identifier	Return Reference	Explanation
SCHEDULE K, PART III, LINE 3B, COLUMN A	PRIVATE BUSINESS USE	RESEARCH AGREEMENTS IN FORCE DURING TAX YEAR RELATING TO WORK PERFORMED IN SPACE ALLOCABLE TO THE PORTION OF FACILITIES FINANCED BY THE BONDS ARE NOT TREATED AS RESULTING IN NONQUALIFIED USE PER REGULATIONS 1.141-3(B)(6) AND REVENUE PROCEDURE 2007-47

Identifier	Return Reference	Explanation
SCHEDULE K, PART III, LINE 3C, COLUMN A	PRIVATE BUSINESS USE	MRIGLOBAL USES THE STANDARDS SET FORTH IN THE TAX CERTIFICATE AND AGREEMENT EXECUTED AT THE TIME THE BONDS WERE ISSUED TO DETERMINE WHETHER ANY RESEARCH AGREEMENT RESULTS IN NONQUALIFIED USE OF THE FACILITIES FINANCED BY THE BONDS AS A RESULT, MRIGLOBAL HAS NOT HAD A NEED TO CONSULT WITH BOND COUNSEL REGARDING ITS RESEARCH AGREEMENTS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MRIGlobal

Employer identification number

44-0545878

Part I 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)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Midwest Research Institute-Kansas LLC 2005 Research Park Circle Manhattan, KS 665025020 44-0545878	R&D	KS	0	0	NA
K-State-MRI Biodefense Research Coalitio 2005 Research Park Circle Manhattan, KS 665025020 44-0545878	R&D	KS	0	0	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)					
(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

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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) Disproportionate 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 if 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
MRI Ventures 425 Volker Blvd Kansas City, MO64110 43-1294503	Tech Development	MO	NA	C CORP	-155,032	323,238	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

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) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) MRI Ventures	D	4,543,667
(2) MRI Ventures	M	142,282
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Additional Data

Software ID:  
Software Version:  
EIN: 44-0545878  
Name: MRIGlobal

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Barbara F Atkinson Director	1 0	X						0	0	0
Lawrence D Burns Director	1 0	X						0	0	0
Rev David M Clarke SJ Director	1 0	X						0	0	0
Richard C Green Jr Director	1 0	X						0	0	0
William A Hall Director	1 0	X						0	0	0
Thomas M Hoenig Director	1 0	X						0		0
A Drue Jennings Director	1 0	X						0	0	0
Jonathan Kemper Director	1 0	X						0	0	0
Robert A Kipp Director	1 0	X						0	0	0
Barrett Brady Director	1 0	X						0	0	0
Robert A Long Director	1 0	X						0	0	0
Thomas A McDonnell Director	1 0	X						0	0	0
Michael F Morrissey Director	1 0	X						0	0	0
William B Neaves PhD Director	1 0	X						0	0	0
Louis W Smith Director	1 0	X						0	0	0
James L Spigarelli OUTGOING PRESIDENT & CEO	40 0	X		X				664,218	0	22,007
Greg M Graves Director	1 0	X						0	0	0
Jefferson W Tester Ph D Director	1 0	X						0	0	0
L Patrick James Director	1 0	X						0	0	0
Richard Myers Director	1 0	X						0	0	0
Dan Arvizu EXEC VP & DIRECTOR, NREL	40 0			X				562,555	0	125,031
Fred V Cornwell OUTGOING VP & CFO	40 0			X				239,267	0	41,143
William P Glover VP, Lab Director, COO, NREL	40 0			X				8,820	0	221
Michael F Helmstetter PRESIDENT & CEO	40 0			X				472,011	0	68,909
Robert San Martin OUTGOING VP & DIRECTOR	40 0			X				117,137		2,968

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lyla Perrodin VP & CIO	40 0			X				144,378	0	31,604
Reachel A Beichley SR COUNSEL & CORP SECR	40 0			X				120,143	0	11,667
Richard Thomas Fleener SR VP & CFO	40 0			X				47,210	0	3,724
Thomas M Sack SR VP & DIRECTOR	40 0			X				249,455	0	88,149
Linda D Evans VP of Human Resources	40 0			X				137,967	0	54,741
Giuliano Radolovich ASSC VP & DIRECTOR	40 0				X			193,345	0	176,011
Michael J Ehret REGIONAL VP & DIRECTOR	40 0				X			210,363	0	36,527
Roger K Harris ASSC VP & DIRECTOR	40 0				X			193,644	0	67,638
Dale A Gardner ASSC LAB DIRECTOR, NREL	40 0					X		279,277	0	62,356
Fraser P Ward VP & DIRECTOR	40 0					X		265,467	0	42,738
Johnny D Callahan PRINCIPAL SCIENTIST	40 0					X		275,749	0	20,646
Joseph S Broz OUTGOING VP	40 0					X		258,197	0	37,625
Michael A Pacheco VP, NREL	40 0					X		223,654	0	60,491



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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DIRECT PROJECT COSTS	30,184,356	30,184,356		
PATENT	58,169	58,169		
BAD DEBT	103,016	103,016		
UNALLOWABLE EXPENSES	490,876	92,158	398,718	
HR ACTIVITIES	796,956	636,835	160,121	