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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: STOWERS RESOURCE MANAGEMENT INC.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 1000 E 50TH STREET

Room/suite:

City or town, state or country, and ZIP + 4: KANSAS CITY, MO 64110

D Employer Identification number: 41-2186719

E Telephone number: (816) 926-4000

G Gross receipts $ 178,745,929.

F Name and address of principal officer: RICHARD W. BROWN
1000 EAST 50TH STREET KANSAS CITY, MO 64110

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005 **M** State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
STOWERS RESOURCE MANAGEMENT (SRM) EXEMPT PURPOSE IS TO SUPPORT, BENEFIT AND CARRY OUT THE PURPOSES OF ITS SUPPORTED ORGANIZATIONS. THOSE EXEMPT ORGANIZATIONS PERFORM RESEARCH IN BASIC CELL AND MOLECULAR BIOLOGY.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	138.
6	Total number of volunteers (estimate if necessary)	6	0.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,456,627.	31,583,400.
9	Program service revenue (Part VIII, line 2g)	17,025,217.	18,043,455.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,561,249.	45,959,941.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,298.	52,613.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,063,391.	95,639,409.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,000,000.	30,000,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,373,317.	13,731,310.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 518,742.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,347,135.	13,080,098.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	54,720,452.	56,811,408.
19	Revenue less expenses Subtract line 18 from line 12	12,342,939.	38,828,001.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,037,514,811.	1,070,677,881.
21	Total liabilities (Part X, line 26)	247,505,093.	222,496,381.
22	Net assets or fund balances Subtract line 21 from line 20	790,009,718.	848,181,500.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 8/10/2011

▶ Roderick L. Sturgeon, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Mollie Longhurst	Mollie Longhurst, CPA	8-5-11		P00294881

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 191 WEST NATIONWIDE BLVD., STE. 500 COLUMBUS, OH 43215-2568 — Phone no 614-249-2300

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the 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 $ 16,340,312. including grants of $ 0) (Revenue $ _____)

MANAGEMENT OF ENDOWMENT - SRM PARTICIPATES IN THE MANAGEMENT OF SIMR'S ENDOWMENT FOR THE PURPOSE OF FINANCIALLY SUPPORTING SIMR TO INSURE SIMR'S ABILITY TO CONTINUE ITS RESEARCH EFFORTS IN PERPETUITY.

4b (Code _____) (Expenses $ 7,002,991. including grants of $ 0.) (Revenue $ _____)

MANAGEMENT, ADMINISTRATIVE AND OPERATION SUPPORT SERVICES - SRM PROVIDES MANAGEMENT SUPPORT TO SIMR THAT INVOLVES ASSISTING IN PLANNING FOR THE STRATEGIC DIRECTION OF SIMR, ALSO OPERATIONAL PLANNING, DEVELOPMENT AND IMPLEMENTATION OF STRATEGIC BUSINESS PLANS AND BUDGETS. SRM ALSO PROVIDES ADDITIONAL ADMINISTRATIVE AND OPERATION SUPPORT SERVICES TO SIMR THAT INCLUDE HUMAN RESOURCE, ACCOUNTING, INFORMATION TECHNOLOGY AND OTHER OPERATION SUPPORT ACTIVITIES FOR WHICH SRM ALLOCATED COST TO SIMR IN THE AMOUNT OF $17,859,549 IN 2010 AS REPORTED ON PART VIII STATEMENT OF REVENUE LINE 2A, WITH RELATED INFORMATION ON SCHEDULE O.

4c (Code: _____) (Expenses $ 30,000,000. including grants of $ 30,000,000.) (Revenue $ 0.)

FINANCIAL SUPPORT - SRM MONITORS THE FINANCIAL NEEDS OF SIMR SO SIMR CAN CONDUCT ITS MEDICAL RESEARCH IN THE PUBLIC INTEREST, AND MAKES CONTRIBUTIONS TO SIMR TO SUPPORT THEIR MEDICAL RESEARCH ACTIVITIES. THE CONTRIBUTIONS ARE MADE AS DETERMINED BY SRM'S BOARD OF DIRECTORS AFTER REVIEW OF FINANCIAL INFORMATION, BUDGETS, STATEGIES, AND OTHER RELEVANT INFORMATION.

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 53,343,303.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV*	14b		X
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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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 (see instructions)*	17		X
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		X
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		X
20 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* [X] Yes [ ] No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	24		
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			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	138		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? 3a			X
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			X
b	If "Yes," enter the name of the foreign country: ▶ _____			
	See instructions for 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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			X
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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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			X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966? 9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b			X
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? 13a			
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* 14b			

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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		X
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 ▶ NONE

18 Section 6104 requires an organization to make its Forms 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

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ J. SCOTT PETTET 1000 EAST 50TH STREET KANSAS CITY, MO 64110 816-926-4000

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

Check if Schedule O contains a response to any question in this Part VII X

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JAMES E. STOWERS JR. DIRECTOR	2.00	X		X				0.	0	0.
(2) VIRGINIA G. STOWERS DIRECTOR	2.00	X						0.	0	0.
(3) JAMES E. STOWERS III DIRECTOR	2.00	X						0.	0	0.
(4) CLIFFORD W. ILLIG DIRECTOR	2.00	X						0.	0	0.
(5) ALLAN J. HUBER DIRECTOR	2.00	X						0.	0	0.
(6) ROBERT E PETERSON DIRECTOR	2.00	X						0.	0	0.
(7) GINA KAISER DIRECTOR	2.00	X						0.	0	0.
(8) WILLIAM B. NEAVES DIRECTOR - SEE SCHEDULE O	2.00	X						0.	701,921.	47,158.
(9) ROBERT E. KRUMLAUF DIRECTOR - SEE SCHEDULE O	2.00	X						0.	438,572.	50,679.
(10) DAVID M. CHAO DIRECTOR - SEE SCHEDULE O	2.00	X						0.	968,238.	38,170.
(11) RICHARD W. BROWN DIRECTOR/CHAIR/PRESIDENT	40.00	X		X				1,645,887.	0	47,410.
(12) RODERICK L. STURGEON DIRECTOR/EVP/CFO - SEE SCH O	40.00	X		X				1,101,744.	0	47,410.
(13) DAVID A. WELTE DIRECTOR/SEC./GENERAL COUNSEL	40.00	X		X				916,036.	0	50,427.
(14) LOWELL C. KRUSE DIRECTOR	2.00	X						0.	0	0.
(15) KAREN PLETZ DIRECTOR - THRU 2/5/10	2.00	X						0.	0	0.
(16) ALBERZINE FREEMAN VP OF ADMINISTRATION	40.00					X		258,141.	0	43,163.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) TIMOTHY J.GEARY HEAD OF OPERATIONS & SERVICES	40.00					X		190,359.	0.	42,588.
(18) J. SCOTT PETTET DIRECTOR OF FINANCE & ACCOUNTS	40.00					X		153,536.	0.	35,923.
(19) MICHAEL NEWHOUSE DIRECTOR OF IT SYSTEM	40.00					X		132,506.	0.	33,327.
(20) STEPHEN L.DEGENNARO DIRECTOR OF TELECOMMUNICATION	40.00					X		111,174.	0.	26,621.
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								4,509,383.	2,108,731.	462,876.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,509,383.	2,108,731.	462,876.

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 ▶ 9

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	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? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

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
ATTACHMENT 1		

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 ▶ 5

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	1,239,929.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	30,343,471.			
	g	Noncash contributions included in lines 1a-1f $ 30,048,579.					
	h	**Total.** Add lines 1a-1f		31,583,400.			
Program Service Revenue			**Business Code**				
	2a	REIMB. FROM SIMR 501(C)(3)	900099	17,859,549.	17,859,549.		
	b	REIMB. FROM BVD, RELATED ORG	900099	183,906.	183,906.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		18,043,455.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		44,525,665		0.	44,525,665.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real / (ii) Personal				
	6a	Gross Rents 21,872.					
	b	Less rental expenses 0.					
	c	Rental income or (loss) 21,872.					
	d	Net rental income or (loss)		21,872.			21,872.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	84,503,296 / 37,500.				
	b	Less cost or other basis and sales expenses	83,075,533 / 30,987				
	c	Gain or (loss)	1,427,763. / 6,513.				
	d	Net gain or (loss)		1,434,276.			1,434,276
	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	MO QUALITY JOBS REIMB	900099	28,237.			28,237
	b	MO TIMELY FILING DISCOUNT	900099	2,376.			2,376.
	c	MISC	900099	128			128
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		30,741.			
	12	**Total revenue.** See instructions		95,639,409	18,043,455	0	46,012,554

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	30,000,000.	30,000,000.		
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	3,663,667.	3,297,300.	293,093.	73,274.
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	7,102,278.	6,392,050.	568,182.	142,046.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,144,999.	1,030,499.	91,600.	22,900.
9 Other employee benefits	1,205,130.	1,084,617.	96,410.	24,103.
10 Payroll taxes	615,236.	553,712.	49,219.	12,305.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	721,903.	0.	721,903.	0.
c Accounting	147,500.	0.	147,500.	0.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	5,000.	0.	5,000.	0.
g Other	2,088,392.	1,879,553.	167,071.	41,768.
12 Advertising and promotion	33,991.	30,592.	2,719.	680.
13 Office expenses	432,647.	389,382.	34,612.	8,653.
14 Information technology	424,007.	381,606.	33,921.	8,480.
15 Royalties	0.			
16 Occupancy	3,466,344.	3,119,709.	277,308.	69,327.
17 Travel	134,573.	121,116.	10,766.	2,691.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	229,515.	206,564.	18,361.	4,590.
20 Interest	277,306.	249,575.	22,184.	5,547.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,316,254.	1,184,629.	105,300.	26,325.
23 Insurance	256,672.	231,005.	20,534.	5,133.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MAINTENANCE EXPENSES	1,983,264.	1,784,938.	158,661.	39,665.
b OPERATION SUPPLIES	938,232.	844,408.	75,059.	18,765.
c DUES, SUBSRIPTIONS&MEMBERSHI	361,760.	325,584.	28,941.	7,235.
d NON-CAPITAL EQUIPMENT	146,736.	132,062.	11,739.	2,935.
e MISCELLANEOUS	116,002.	104,402.	9,280.	2,320.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	56,811,408.	53,343,303.	2,949,363.	518,742.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	622,501.	1	979,443.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 4,885,440.			
	b	Less: accumulated depreciation — 10b: 1,517,818.	3,309,937.	10c	3,367,622.
	11	Investments - publicly traded securities	161,551,408.	11	145,152,311.
	12	Investments - other securities. See Part IV, line 11	860,550,704.	12	909,712,289.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,480,261.	15	11,466,216.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,037,514,811.	16	1,070,677,881.
Liabilities	17	Accounts payable and accrued expenses	2,736,663.	17	3,005,374.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	22,625,000.	20	7,325,000.
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	222,143,430.	25	212,166,007.
	26	**Total liabilities.** Add lines 17 through 25	247,505,093.	26	222,496,381.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	790,009,718.	27	848,181,500.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	790,009,718.	33	848,181,500.
	34	Total liabilities and net assets/fund balances	1,037,514,811.	34	1,070,677,881.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	95,639,409.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,811,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	38,828,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	790,009,718.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	19,343,781.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	848,181,500.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

SCHEDULE A (Form 990 or 990-EZ)

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

2010

Open to Public Inspection

Name of the organization	**Employer identification number**
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

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

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

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

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

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

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

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?

		Yes	No
(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 supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									30,000,000.

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2010.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2009.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2010.** 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 ▶ ☐

b **33 1/3 % support tests - 2009.** 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
STOWERS INSTITUTE FOR MEDICAL RESEARCH	20-2993509	04	X			30,000,000.
TOTAL AMOUNT OF SUPPORT						30,000,000

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

STOWERS RESOURCE MANAGEMENT INC.

Employer identification number

41-2186719

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 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				
b Buildings		65,863.	3,270	62,593.
c Leasehold improvements				
d Equipment		4,654,789.	1,514,548.	3,140,241.
e Other		164,788.	0	164,788.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				3,367,622.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) AMERICAN CENTURY CLASS A SHS	848,099,104.	FMV
(B) COMMERCE MONEY MARKET	518,145.	FMV
(C) AVANTI FUND LLC SHARES	61,095,040.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	909,712,289.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

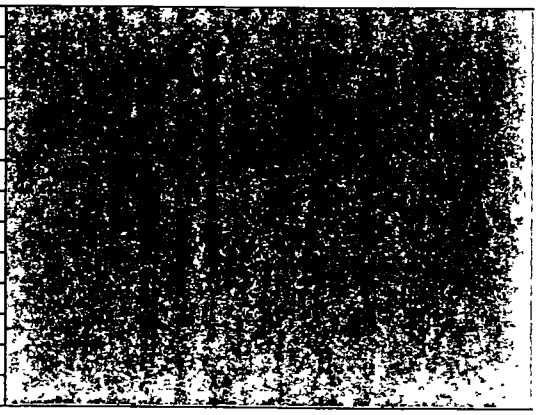
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ANNUITY DEBT	212,147,966.
(3) OTHER LONG TERM LIABILITIES	18,041.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	212,166,007.



2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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 must 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, line 2, 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.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

PART X

LINE 2 - SUMMARY OF FIN 48 CONSOLIDATED FOOTNOTE AS IT APPLIES TO STOWERS RESOURCE MANAGEMENT - AN INTERPRETATION OF FASB STATEMENT NO.109. THIS INTERPRETATION CLARIFIES THE ACCOUNTING FOR UNCERTAINITY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO.109, ACCOUNTING FOR INCOME TAXES. THIS INTERPRETATION ALSO PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. STOWERS RESOURCE MANAGEMENT IS A TAX-EXEMPT ENTITY AS DESCRIBED IN SECTION 501 (C)(3) OF THE CODE. THEREFORE, IT IS STOWERS RESOURCE MANAGEMENT'S TAX POSITION THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES. STOWERS RESOURCE MANAGEMENT ADOPTED FIN 48 EFFECTIVE JANUARY 1,2007 WITH NO IMPACT TO ITS FINANCIAL STATEMENTS.

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

2010

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC.

Employer identification number
41-2186719

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? . . . . . [X] 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. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STOWERS INSTITUTE FOR MEDICAL RESEARCH 1000 EAST 50TH STREET KANSAS CITY, MO 64110	20-2993509	501(C)(3)		30,000,000	FMV	MUTUAL FUNDS	SEE PART IV
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1.

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" on Form 990, Part IV, line 22. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I

PART I, LINE 2

SRM'S PURPOSE IS TO SUPPORT, BENEFIT, AND CARRYOUT THE PURPOSES OF ITS SUPPORTED ORGANIZATIONS. ALL FINANCIAL SUPPORT IS GIVEN TO SIMR, SRM'S SUPPORTED ORGANIZATION. AS DESCRIBED IN FORM 990,PART III, SRM ALSO PROVIDES OTHER TYPES OF SUPPORT TO SIMR INCLUDING SUPPORTING SIMR'S MANAGEMENT OF THEIR ENDOWMENT, MANAGEMENT, ADMINISTRATIVE, AND OPERATION SUPPORT SERVICES.

PART II, LINE1(H)-FINANCIAL SUPPORT TO ASSIST WITH SUPPORTED

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

ORGANIZATION'S GIFT ANNUITY OBLIGATION.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: STOWERS RESOURCE MANAGEMENT INC.

Employer identification number: 41-2186719

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		
	[ ] First-class or charter travel; [ ] Travel for companions; [X] Tax indemnification and gross-up payments; [ ] Discretionary spending account; [ ] Housing allowance or residence for personal use; [ ] Payments for business use of personal residence; [X] Health or social club dues or initiation fees; [ ] Personal services (e g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2	X	
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		
	[X] Compensation committee; [X] Independent compensation consultant; [ ] Form 990 of other organizations; [X] Written employment contract; [X] Compensation survey or study; [X] 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 from the organization or a related organization? . . 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3) and 501(c)(4) organizations 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? 5a		X
b	Any related organization? 5b		X
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

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

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

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				
1 WILLIAM B. NEAVES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	676,394.	0.	25,527.	36,750.	10,408.	749,079.	0.
2 ROBERT E. KRUMLAUF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	435,008.	0.	3,564.	36,750.	13,929.	489,251.	0.
3 DAVID M. CHAO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	965,898.	0.	2,340.	36,750.	1,420.	1,006,408.	0.
4 RICHARD W. BROWN	(i)	1,621,863.	0.	24,024.	36,750.	10,660.	1,693,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 RODERICK L. STURGEON	(i)	1,059,859.	0.	41,885.	36,750.	10,660.	1,149,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DAVID A. WELTE	(i)	896,605.	0.	19,431.	36,750.	13,677.	966,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ALBERZINE FREEMAN	(i)	253,950.	0.	4,191.	36,750.	6,413.	301,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 TIMOTHY J.GEARY	(i)	189,433.	0.	926.	28,851.	13,737.	232,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 J. SCOTT PETTET	(i)	153,087.	0.	449.	22,459.	13,464.	189,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MICHAEL NEWHOUSE	(i)	132,246.	0.	260.	19,969.	13,358.	165,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I

PART 1, LINE 1A - SRM HAS A WRITTEN EMPLOYMENT CONTRACT WITH RICHARD W. BROWN, PRESIDENT, WHICH PROVISIONS INCLUDE REIMBURSEMENT FOR SOCIAL CLUB DUES AND PERSONAL USE OF AUTO, THESE ARE TREATED AS TAXABLE COMPENSATION. SRM HAS A WRITTEN EMPLOYMENT CONTRACT WITH RODERICK L. STURGEON, EVP/CFO, WHICH PROVISIONS INCLUDE REIMBURSEMENT FOR CERTAIN TAXABLE BENEFITS INCLUDING PERSONAL USE OF AUTO, TERM LIFE INSURANCE, TAX PLANNING AND TAX RETURN FEES AND FINANCIAL PLANNING SERVICES. THE CONTRACT ALSO PROVIDES FOR THE EXECUTIVES TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THESE TAXABLE BENEFITS. SRM HAS A WRITTEN EMPLOYMENT CONTRACT WITH DAVID A. WELTE, EVP/GENERAL COUNSEL, WHICH PROVISIONS INCLUDE REIMBURSEMENT FOR SOCIAL CLUB DUES AND LIFE INSURANCE, THESE ARE TREATED AS TAXABLE COMPENSATION. THE CONTRACTS ALSO PROVIDE FOR THE EXECUTIVES TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THE TAXABLE BENEFITS.

PART I, LINE 1B - SRM PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PERSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WERE APPROVED BY SRM'S GOVERNING BOARD. SEE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15,

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.

FOR ADDITIONAL PROCESSES RELATED TO DETERMINING SALARY AND BENEFITS FOR

OFFICERS.

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 on Schedule O (Form 990).

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

STOWERS RESOURCE MANAGEMENT INC.

Employer identification number

41-2186719

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		(i) Pooled Financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH & ED FACILITIES AUTHORITY OF MO	43-1178966	60635HUV9	07/26/2000	215,000,000	HEALTH & ED FACILITIES AUTHORITY O		X		X		X
B	HEALTH & ED FACILITIES AUTHORITY OF MO	43-1178966	60635HVN6	03/15/2002	75,000,000.	HEALTH & ED FACILITIES AUTHORITY O		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	215,000,000.	75,000,000.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	6,245,000.	2,268,638.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	208,754,800.	72,731,362.		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2000	2005		
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X /	/ X	/	/
15	Were the bonds issued as part of an advance refunding issue?	/ X	/ X	/	/
16	Has the final allocation of proceeds been made?	X /	X /	/	/
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	/	/

Part III Private Business Use

		A	B	C	D
		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	/ X	/	/
2	Are there any lease arrangements that may result in private business use of bond-financed property	X /	X /	/	/

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b Are there any research agreements that may result in private business use of bond-financed property?	X		X					
c 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		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 %		0 %	SEE SCH.O	%		%
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 %		0 %	SEE SCH.O	%		%
6 Total of lines 4 and 5		0 %		0 %		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	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		X					
2 Is the bond issue a variable rate issue?	X		X					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?	X		X					

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SEE SCHEDULE O

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC.

Employer identification number
41-2186719

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total . . . . . ▶ $										

Part III Grants or Assistance Benefiting 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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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	(e) No
(1)	AMERICAN CENTURY COMPANIES, INC.	SEE PART V		INDIRECT - SEE PART V		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PART IV

CURRENT DIRECTORS AND OFFICERS OF SRM, JAMES E. STOWERS JR., RICHARD W. BROWN, DAVID A. WELTE, AND RODERICK L. STURGEON ARE DIRECTORS OF AMERICAN CENTURY COMPANIES, INC. ("ACCI"). JAMES E. STOWERS JR. IS ALSO FOUNDER OF ACCI AND ALONG WITH OTHER FAMILY MEMBERS, RETAINS A CONTROLLING VOTING INTEREST IN ACCI. SRM RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS ("ACI"). SRM PAYS THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH MUTUAL FUND INVESTOR. THE VALUE OF THESE SERVICES, ESTIMATED BY MULTIPLYING SRM'S AVERAGE AMOUNT OF MUTUAL FUND HOLDING THROUGHOUT THE YEAR BY THE PUBLISHED ADMINISTRATIVE FEE PERCENTAGE FOR THE APPLICABLE FUNDS, WAS APPROXIMATELY $1,134,300. IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SRM NOT ONLY SELECTED A HIGH QUALITY MUTUAL FUND COMPANY WITH AN OUTSTANDING TRACK RECORD, BUT ALSO PLACED ITS LIQUID INVESTMENTS IN A COMPANY IN WHICH IT OWNS STOCK AND RECEIVES DIVIDENDS. SRM CURRENTLY OWNS 48% OF THE OUTSTANDING CLASS A STOCK OF ACI.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC.

Employer identification number
41-2186719

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous	X	2.	30,048,579.	FAIR MARKET VALUE
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶(_____)				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0.		
30 a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

SUPPLEMENTAL INFORMATION

FORM 990, PART III, LINE 1

THE STOWERS RESOURCE MANAGEMENT INC. ("SRM") OPERATES EXCLUSIVELY WITHIN THE MEANING OF CODE SECTIONS 501(C)(3) AND 509(A)(3). SRM'S CHARITABLE PURPOSE IS TO SUPPORT, BENEFIT, AND CARRY OUT THE PURPOSES OF ITS SUPPORTED ORGANIZATION.

SRM CURRENTLY SUPPORTS STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR"). SIMR IS A TAX EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3), AND PUBLIC CHARITY DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(III). SIMR IS ACTIVELY ENGAGED IN SCIENTIFIC RESEARCH IN THE PUBLIC INTEREST. SRM HELPS MANAGE SIMR'S ENDOWMENT, PROVIDES MANAGEMENT SUPPORT, AND FUNDRAISERS FOR THEIR BENEFIT. THE MANAGEMENT SUPPORT INVOLVES ASSISTING IN PLANNING FOR THE STRATEGIC DIRECTION OF SIMR, OPERATIONAL PLANNING, DEVELOPMENT, AND IMPLEMENTATION OF STRATEGIC BUSINESS PLANS AND BUDGETS. THE CONTRIBUTIONS, GRANTS, AND INCOME FROM SRM'S ENDOWMENT ARE USED TO SUPPORT THE EXEMPT ACTIVITIES OF SIMR.

FORM 990, PART VI, LINE 2

JAMES E. STOWERS JR., VIRGINIA G. STOWERS, AND JAMES E. STOWERS III, DIRECTORS OF SRM, HAVE A FAMILY RELATIONSHIP. CLIFFORD W. ILLIG, WILLIAM B. NEAVES, DAVID M. CHAO, RICHARD W. BROWN, AND RODERICK L. STURGEON, ALL DIRECTORS OF SRM, HAVE A BUSINESS RELATIONSHIP; THEY SERVE ON THE BOARD OF BIOMED VALLEY DISCOVERIES, INC. JAMES E. STOWERS JR., RICHARD W.

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

BROWN, DAVID A. WELTE, AND RODERICK L. STURGEON HAVE A BUSINESS RELATIONSHIP; THEY SERVE ON THE BOARD OF AMERICAN CENTURY COMPANIES, INC. ("ACCI") AS DESCRIBED IN RESPONSE TO SCHEDULE L, PART IV.

FORM 990, PART VI, LINE 6 AND 7A

SIMR IS SRM'S SOLE MEMBER AND ELECTS SRM'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B

THE DATA AND INFORMATION NECESSARY TO PREPARE SRM'S FORM 990 IS COMPILED BY THE ACCOUNTING DEPARTMENT AND REVIEWED BY OUR TAX ATTORNEY AT BRYAN CAVE, LLP. KPMG, OUR EXTERNAL TAX PREPARERS, USE THIS INFORMATION TO PREPARE THE FORM 990. THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS REVIEWED BY THE OFFICERS OF SRM BEFORE IT IS FILED WITH THE IRS. AFTER THE PREPARATION AND REVIEW PROCESS DETAILED ABOVE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF SRM'S BOARD BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

SRM HAS ADOPTED A "CONFLICTS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY". EACH DIRECTOR, OFFICER, AND OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISIONS OF SRM ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN A DISCLOSURE STATEMENT. A COVERED PERSON MUST DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT AND ALL MATERIAL FACTS TO THE GOVERNING BOARD AS SOON AS THE PERSON HAS KNOWLEDGE THAT A POTENTIAL CONFLICT MIGHT EXIST. SRM ALSO CONDUCTS PERIODIC AND ADHOC REVIEWS OF

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

TRANSACTIONS AND AGREEMENTS TO ENSURE THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT ARE NOT CONSISTENT WITH ITS TAX-EXEMPT PURPOSE.

FORM 990, PART VI, LINES 15A & 15B

THE PROCESS FOR DETERMINING COMPENSATION OF SRM'S PRESIDENT, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, AND EXECUTIVE VICE-PRESIDENT/GENERAL COUNSEL INCLUDED RETAINING THE SERVICES OF A NATIONALLY KNOWN COMPENSATION CONSULTANT TO PROVIDE DATA AND ANALYSIS TO DETERMINE COMPARABLE SALARY AND BENEFITS FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION FOR ALL POSITIONS WERE DOCUMENTED IN EMPLOYMENT CONTRACTS WHICH WERE APPROVED BY THE GOVERNING BODY AS DOCUMENTED IN THE OFFICIAL MINUTES. THIS REVIEW PROCESS WAS LAST UNDERTAKEN FOR THE PRESIDENT POSITION IN EARLY 2011. THE PROCESS WAS LAST UNDERTAKEN FOR THE EVP/CFO POSITION IN EARLY 2011. AND THE PROCESS WAS LAST UNDERTAKEN FOR THE EVP/GENERAL COUNSEL POSITION IN 2009 AT THE TIME THE CURRENT CONTRACT IN EFFECT WAS EXECUTED.

FORM 990, PART VI, LINE 19

STOWERS RESOURCE MANAGEMENT INC.'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A

HOURS WORKED FOR RELATED ORGANIZATIONS AS DESCRIBED IN SCHEDULE R:

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

WILLAM B. NEAVES IS A FULL TIME EMPLOYEE, 40 HOURS PER WEEK, OF SIMR. MR. NEAVES ALSO SPENDS AN AVERAGE OF 2.0 HOURS PER WEEK EACH SERVING AS A DIRECTOR OF SRM, BVC, AND BVD.

ROBERT E. KRUMLAUF IS A FULL TIME EMPLOYEE, 40 HOURS PER WEEK, OF SIMR. MR. KRUMLAUF ALSO SPENDS AN AVERAGE OF 2.0 HOURS PER WEEK SERVING AS A DIRECTOR OF SRM.

DAVID M. CHAO IS A FULL TIME EMPLOYEE, 40 HOURS PER WEEK, OF SIMR. MR. CHAO ALSO SPENDS AN AVERAGE OF 2.0 HOURS PER WEEK EACH SERVING AS A DIRECTOR OF SRM AND BVD.

RICHARD W. BROWN IS A FULL TIME EMPLOYEE, 40 HOURS PER WEEK, OF SRM. MR. BROWN ALSO SPENDS AN AVERAGE OF 2.0 HOURS EACH SERVING AS A DIRECTOR OF SRM, SSEI, BVC, AND BVD.

RODERICK L. STURGEON IS A FULL TIME EMPLOYEE, 40 HOURS PER WEEK, OF SRM. MR. STURGEON ALSO SPENDS AN AVERAGE OF 2.0 HOURS EACH SERVING AS A DIRECTOR OF SRM, SREHC, SSEI, AND BVD.

DAVID A. WELTE IS A FULL TIME EMPLOYEE, 40 HOURS PER WEEK, OF SRM. MR. WELTE ALSO SPENDS AN AVERAGE OF 2.0 HOURS EACH SERVING AS A DIRECTOR OF SRM, SREHC, AND SSEI.

FORM 990, PART VIII, LINE 1D

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

SRM ACCRUED PASS-THROUGH AMOUNTS OF $1,239,929 FROM STOWERS REAL ESTATE HOLDING CORPORATION ("SREHC"). SREHC REMITTED THE AMOUNT TO SRM IN 2011. SRM IS THE TAX EXEMPT PARENT OF SREHC. SREHC IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(2) OF THE CODE, AND AS SUCH IS ORGANIZED TO HOLD TITLE TO REAL PROPERTY, COLLECT THE INCOME THEREFROM, AND REMIT THE ENTIRE AMOUNT, LESS EXPENSES AND REASONABLY NECESSARY CASH RESERVES TO ITS TAX EXEMPT PARENT, SRM. SREHC'S PASS-THROUGH NET INCOME COMES FROM THEIR MARCH 1, 2009 LEASE OF REAL PROPERTY TO STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR"); SIMR IS A SUPPORTED ORGANIZATION OF SRM.

FORM 990, PART VIII, LINE 2A

SRM RECEIVED EXPENSE REIMBURSEMENTS FROM SIMR, A 501(C)(3) RELATED ORGANIZATION, IN THE AMOUNT OF $17,859,549 FOR SUPPORT SERVICES PROVIDED BY SRM.

FORM 990, PART VIII, LINE 2B

SRM RECEIVED EXPENSE REIMBURSEMENTS FROM BVD, A RELATED PARTY, IN THE AMOUNT OF $181,124 FOR ADMINISTRATIVE SUPPORT SERVICES PROVIDED BY SRM. SRM ALLOCATED THE COSTS OF PROVIDING THESE SERVICES TO BVD.

FORM 990, PART XI, LINE 5

RECONCILIATION OF OTHER CHANGES IN NET ASSETS OR FUND BALANCE

UNREALIZED GAINS ON MUTUAL FUND INVESTMENTS	$ 681,928
UNREALIZED GAINS ON CLASS A STOCK	8,684,904

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

ANNUITY PAYMENT TO SIMR	30,000,000
ACTUARIAL LOSS ON ANNUITY OBLIGATION	(20,023,052)
OTHER CHANGES IN NET ASSETS	19,343,780

SCHEDULE K, PART 1, LINE A

$215,000,000 BOND ISSUE SERIES

COLUMN C - 60635HUV9

COLUMN D - ORIGINAL ISSUE DATE OF JULY 26, 2000, AS FILED ON FORM 8038. MATERIAL MODIFICATION OF BOND INDENTURES WHEN AMENDED TO ALLOW AUCTION RATE PROVISION TREATED AS REISSUANCE UNDER NOTICE 88-130 FOR FEDERAL TAX PURPOSES WITH FORM 8038 FILING ON JULY 31, 2003, SO SRM IS FILING SCHEDULE K.

COLUMN F - SRM AND STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") ARE THE TWO MEMBERS OF AN OBLIGATED BOND GROUP FOR THESE TAX-EXEMPT BONDS; SRM IS A SUPPORTING ORGANIZATION OF SIMR AS DESCRIBED IN SRM'S MISSION STATEMENT AND REPORTED ON SCHEDULE R. THE BONDS WERE ISSUED FOR THE PURPOSE OF PURCHASING AN EXISTING MEDICAL CENTER AND SURROUNDING BUILDINGS, STRIPPING THE STRUCTURES TO THEIR INFRASTRUCTURE AND RECONSTRUCTING A STATE OF THE ART MEDICAL RESEARCH FACILITY FOR SIMR.

SCHEDULE K, PART II, LINE 7

REPORTED ISSUANCE COSTS OF $6,245,000 INCLUDES $4,973,000 IN BOND

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

INSURANCE PREMIUMS AND LIQUIDITY FACILITY FEES.

SCHEDULE K, PART II, LINE 10

BOND ISSUE INCLUDES A REFUNDING OF BOND SERIES ISSUED IN 1998 OF $125,000,000 AND REMAINDER WAS USED TO FINANCE CAPITAL EXPENDITURES AS DESCRIBED IN PART I, COLUMN F.

SCHEDULE K, PART II, LINE 14

$215,000,000 BOND ISSUE OF JULY 26, 2000, WAS PARTIALLY ISSUED TO RETIRE 1998 PRIOR BOND ISSUE OF $125,000,000. THE $125,000,000 BOND ISSUE WAS PAID OFF IN FULL IN OCTOBER 2000.

SCHEDULE K, PART 1, LINE B

$75,000,000 BOND ISSUE SERIES

COLUMN C - 60635HVN6

COLUMN D - ORIGINAL ISSUE DATE OF MARCH 15, 2002, AS FILED ON FORM 8038. MATERIAL MODIFICATION OF BOND INDENTURES WHEN AMENDED TO ALLOW AUCTION RATE PROVISION TREATED AS REISSUANCE UNDER NOTICE 88-130 FOR FEDERAL TAX PURPOSES WITH FORM 8038 FILING ON JULY 31, 2003, SO SRM IS FILING SCHEDULE K.

COLUMN F - SRM AND STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") ARE THE TWO MEMBERS OF AN OBLIGATED BOND GROUP FOR THESE TAX-EXEMPT BONDS; SRM IS A SUPPORTING ORGANIZATION OF SIMR AS DESCRIBED IN SRM'S MISSION

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

STATEMENT AND REPORTED ON SCHEDULE R. THE BONDS WERE ISSUED FOR THE PURPOSE OF INTERIOR FINISH, FURNISHING AND EQUIPPING OF THE SHELL PORTION OF SIMR'S MEDICAL RESEARCH FACILITY THAT IS DESCRIBED ABOVE IN LINE A.

SCHEDULE K, PART II, LINE 7

REPORTED ISSUANCE COSTS OF $2,268,638 INCLUDES $1,720,000 IN BOND INSURANCE PREMIUMS AND LIQUIDITY FACILITY FEES.

SCHEDULE K, PART III

BOTH $215,000,000 AND $75,000,000 BOND SERIES:

PART III, LINE 2

SIMR ENTERED INTO A PCS SITE AGREEMENT, DATED JUNE 8, 2000, ALLOWING SPRINT COMMUNICATIONS TO INSTALL A CELL PHONE TOWER ON THE SIMR CAMPUS. THE CELL TOWER UTILIZES A MAXIMUM OF 625 SQUARE FEET OF THE MORE THAN 600,000 SQUARE FEET TAX EXEMPT FINANCED FACILITY. RENT FROM REAL PROPERTY IS APPROPRIATELY EXCLUDED FROM UBIT TAXATION. SEE RELATED INFORMATION IN RESPONSE TO PART III, LINE 4.

FROM JANUARY THROUGH JUNE 2010, BIOMED VALLEY DISCOVERIES, INC. ("BVD"), A FOR-PROFIT BUSINESS START-UP AND A RELATED PARTY OF SRM AS REPORTED ON SCHEDULE R, WAS TEMPORARILY HOUSED ON THE SIMR CAMPUS. ITS ENTIRE OPERATION CONSISTED OF THREE OFFICES; TOTALING LESS THAN 500 SQUARE FEET OF THE MORE THAN 600,000 SQUARE FEET TAX EXEMPT FINANCED FACILITY. BVD PAID ALL THE COSTS ATTRIBUTABLE TO THEIR OFFICE SPACE. BVD IS NOW LOCATED

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

IN ITS PERMAMENT LOCATION ON A SEPARATE SITE NOT RELATED TO THE FACILITIES PURCHASED WITH TAX-EXEMPT FINANCING. SEE RELATED INFORMATION IN RESPONSE TO PART III, LINE 4.

PART III, LINE 3A

SIMR HAS A MANAGEMENT SERVICES AGREEMENT WITH AMERICAN FOOD AND VENDING SERVICES OF MISSOURI, INC. ("AF&V") TO OPERATE AN ON-SITE CAFETERIA AND VENDING MACHINE SERVICE FOR THE CONVENIENCE OF OUR EMPLOYEES. SIMR PAYS A FLAT RATE MANAGEMENT FEE TO AF&V; COMPENSATION FOR AF&V SERVICES IS NOT BASED, IN WHOLE OR IN PART, ON SHARE OF NET PROFIT FROM THE OPERATIONS AND THE ORGANIZATION HAS DETERMINED THE AGREEMENT MEETS THE PRIVATE USE SAFE-HARBOR PROVISIONS.

FOR THE CONVENIENCE OF ITS SCIENTISTS, SIMR HAS A COMPUTERIZED SCIENTIFIC RESEARCH SUPPLIES INVENTORY SYSTEM ON THE CAMPUS PROVIDED BY A THIRD-PARTY VENDOR. THIS CONSISTS OF FIFTEEN MACHINES OR CABINETS, EACH OF WHICH OCCUPIES SPACE EQUIVALENT TO A SOFT DRINK VENDING MACHINE. IT PERMITS RESEARCHERS TO IMMEDIATELY PURCHASE AND UTILIZE NEEDED SUPPLIES. THE VENDING MACHINES, MOST OF WHICH ARE REFRIGERATED, ARE PROVIDED AT THE
EXPENSE OF THE VENDOR, AND OCCUPY NOMINAL SPACE FOR WHICH NO RENT IS CHARGED. THE PURCHASE PRICE FOR THESE SUPPLIES ARE THE LOWEST IN THE MARKETPLACE. THESE ARE EXCLUDED AS INCIDENTAL AND THEREFORE NOT PRIVATE USE. SEE RELATED INFORMATION IN RESPONSE TO PART III, LINE 4.

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

PART III, LINE 3B

SIMR HAS RESEARCH AGREEMENTS WITH OTHER 501(C)(3) TAX EXEMPT ENTITIES INCLUDING, BUT NOT LIMITED TO, HOWARD HUGHES MEDICAL INSTITUTE COLLABORATION AGREEMENT, AMERICAN CANCER SOCIETY RESEARCH GRANT AGREEMENT, AND LEUKEMIA & LYMPHOMA SOCIETY GRANT AGREEMENT, ETC. SIMR ALSO HAS RESEARCH AGREEMENTS WITH GOVERNMENTAL BODIES INCLUDING BUT NOT LIMITED TO, THE NATIONAL INSTITUTE OF HEALTH. THE AGREEMENTS WITH THE TAX EXEMPT ENTITIES AND THE GOVERNMENTAL BODIES ARE ENTERED INTO TO FURTHER SIMR'S TAX EXEMPT MISSION WHICH IS TO CONDUCT BASIC RESEARCH AIMED AT UNDERSTANDING HOW GENES AND PROTEINS OF MULTICELLULAR ORGANISMS WORK. AS TAX EXEMPT OR GOVERNMENTAL BODIES, THESE AGREEMENTS DO NOT CONSTITUTE PRIVATE USE.

PART III, LINE 4

TREASURY REGULATION 1.141-3(D)(5) PROVIDES AN EXCLUSION FROM THE FIVE PERCENT LIMITATION ON PRIVATE USE WITH RESPECT TO "INCIDENTAL USE" SO LONG AS THE TOTAL OF ALL INCIDENTAL USE IS LESS THAN 2.5% OF THE FACILITY. BASED UPON THE SQUARE FOOTAGE, THE PRIVATE USE WITH RESPECT TO THE LEASES MENTIONED IN RESPONSE TO LINE 2 ABOVE IS 0.1875%. WHEN COMBINED WITH THE OTHER, SMALLER INCIDENTAL USES DESCRIBED IN REPONSE TO LINE 3A, ALL SUCH INCIDENTAL USES ARE SUBSTANTIALLY LESS THAN 2.5% OF THE FACILITY. CONSEQUENTLY, DUE TO THE EXCLUSION OF INCIDENTAL USE FROM THE COMPUTATION OF PRIVATE USE SUBJECT TO THE FIVE PERCENT LIMITATION, THE PRIVATE USE PERCENTAGE IS ZERO.

Name of the organization	Employer identification number
STOWERS RESOURCE MANAGEMENT INC.	41-2186719

OTHER BOND INFORMATION - IN RESPONSE TO THE VOLATILITY IN THE AUCTION RATE SECURITIES (ARS) MARKET, THE SEC'S DIVISION OF TRADING AND MARKETS AND DIVISION OF CORPORATE FINANCE ISSUED GUIDELINES UNDER WHICH THE SEC WOULD ALLOW ISSUERS TO BID ON AND REPURCHASE THEIR OWN SECURITIES. THESE REPURCHASED BONDS ARE NOT LEGALLY RETIRED AND CAN BE RESOLD IN THE ARS MARKET BY THE ISSUER. THE ORGANIZATION, OPERATING WITHIN THESE GUIDELINES, HAS BID ON AND PURCHASED SOME OF THEIR OWN SECURITIES. ALL THE BONDS ARE PLACED UP FOR BID IN WEEKLY ARS AUCTIONS. THE CARRYING AMOUNT OF THE TOTAL BONDS PAYABLE OUTSTANDING AT DECEMBER 31, 2010 IS $7,325,000 AS REPORTED ON FORM 990, PART X, BALANCE SHEET.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BRYAN CAVE, LLP P.O. BOX 503089 ST. LOUIS, MO 63150-3089	LEGAL SERVICES	703,455.
MARKETSPHERE CONSULTING LLC P.O. BOX 30123 OMAHA, NE 68103-1223	IT-ERP SERVICES	449,998.
JONATHAN & ASSOCIATES 1225 W 60TH TERRACE KANSAS CITY, MO 64113	PROFESSIONAL SERVICE	291,879.
KPMG LLP P.O. BOX 120001 DALLAS, TX 75312	AUDIT AND TAX SVCS	147,500.
PARRIS COMMUNICATIONS INC 4510 BELLEVIEW, SUITE 110 KANSAS CITY, MO 641111	PROFESSIONAL SERVICE	145,893.

Name of the organization: STOWERS RESOURCE MANAGEMENT INC.

Employer identification number: 41-2186719

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TOTAL COMPENSATION		1,738,725.

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

2010

Open to Public Inspection

Name of the organization
STOWERS RESOURCE MANAGEMENT INC.

Employer identification number
41-2186719

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-3270502 1000 E 50TH STREET KANSAS CITY, MO 64110	MED. RESEARCH	DE	501(C)(3)	4	N/A		X
(2) STOWER REAL ESTATE HOLDING CORPORATION 26-1472230 1000 E 50TH STREET KANSAS CITY, MO 64110	HOLD TITLE	DE	501(C)(2)	N/A	N/A		X
(3) BIOMED VALLEY CORPORATION 74-3238244 1000 E 50TH STREET KANSAS CITY, MO 64110	SUPPORT ORG	DE	501(C)(3)	11A	N/A		X
(4) STOWERS SCIENTIFIC EDUCATION INSTITUTE 20-5916445 1000 E 50TH STREET KANSAS CITY, MO 64110	SUPPORT ORG	DE	501(C)(3)	11A	N/A		X
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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
(1)	BIOMED VALLEY DISCOVERIES, INC 06-1646533 4520 MAIN STREET, STE 1650 KANSAS CITY, MO 64111	SCIENT. DISCOVERY	DE	N/A	C			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
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 or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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	(d) Method of determining amount involved
(1)	STOWERS REAL ESTATE HOLDING CORPORATION	C	1,239,929.	SEE PART VII
(2)	BIOMED VALLEY DISCOVERIES, INC	P	184,107.	SEE PART VII
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

PART V

ALL TRANSACTIONS ARE BETWEEN RELATED 501(C)(3) PUBLIC CHARITIES, EXCEPT THE FOLLOWING TWO EXCEPTIONS. SRM DID ACCRUE PASS-THROUGH AMOUNT OF $1,239,929 FROM STOWERS REAL ESTATE HOLDING CORPORATION ("SREHC"). SREHC REMITTED THE AMOUNT TO SRM IN 2011. SRM IS THE TAX EXEMPT PARENT OF SREHC. SREHC IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(2) OF THE CODE, AND AS SUCH IS ORGANIZED TO HOLD TITLE TO REAL PROPERTY, COLLECT THE INCOME THEREFROM, AND REMIT THE ENTIRE AMOUNT, LESS EXPENSES AND REASONABLY NECESSARY CASH RESERVES TO ITS TAX EXEMPT PARENT, SRM. SREHC'S PASS-THROUGH NET INCOME COMES FROM THEIR MARCH 1, 2009, LEASE OF REAL PROPERTY TO STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR"). SIMR IS A SUPPORTED ORGANIZATION OF SRM. ALSO, SRM DID RECEIVE REIMBURSEMENT FROM BIOMED VALLEY DISCOVERIES, INC. ("BVD") IN THE AMOUNT OF $184,107 FOR CERTAIN EXPENSES ADVANCED ON BVD'S BEHALF. BVD IS A CONTROLLED ENTITY OF BIOMED VALLEY CORPORATION ("BVC"). BVC AND BVD ARE RELATED PARTIES TO SRM AS REPORTED ON SCHEDULE R.

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file)* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	STOWERS RESOURCE MANAGEMENT INC.	41-2186719
	Number, street, and room or suite no If a P O box, see instructions	
	1000 E 50TH STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	KANSAS CITY, MO 64110	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ J. SCOTT PETTET

Telephone No ▶ 816 926-4000 FAX No ▶ 816 926-4676

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ X calendar year 20 10 or

▶ ☐ tax year beginning _____, 20 ____, and ending _____, 20 ____

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0.
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions