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DLN: 93493223008292

Form 990

Department of the Treasury

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

2011

OMB No 1545-0047

Open to Public Inspection

| Δ F0 | r the | 2011 ca | lendar year, or tax year beginning (| 01-01-2011 and ending 12-31-2 | 011 | | | Inspection | | |
|--------------------------------|----------------|-----------------------|---|--|-------------------|-----------------------|-------------|--------------------------------|--|--|
| | | pplicable | C Name of organization | <u> </u> | 011 | D Emplo | yer ide | ntification number | | |
| | dress ch | | STOWERS INSTITUTE FOR MEDICAL RES | SEARCH | | 20-29 | 99350 | 9 | | |
| | me cha | _ | Doing Business As | | | E Teleph | | | | |
| | tial retu | - | | | | (816) | 926-4 | 1000 | | |
| _ | | | Number and street (or P O box if mail i 1000 EAST 50TH STREET | is not delivered to street address) Room | /suite | | | \$ 144,454,311 | | |
| | mınate | | | | | | | | | |
|) Am | ended | return | City or town, state or country, and ZIP - KANSAS CITY, MO 64110 | + 4 | | | | | | |
| ☐ Apı | olication | n pending | | | | | | | | |
| | | | F Name and address of princip | oal officer | H(a) Is th | - ıs a group | returr | n for | | |
| | | | DAVID M CHAO 1000 EAST 50TH STREET | | affilia | ates? | | ┌ Yes 🔽 No | | |
| | | | KANSAS CITY, MO 64110 | | H(b) Are a | ll affiliates | includ | ed? | | |
| | | | | | | | | (see instructions) | | |
| I Ta | x-exem | npt status | ▼ 501(c)(3) | ert no) 4947(a)(1) or 527 | | ıp exempt | | | | |
| J W | ebsite | e: ► www | w stowers org | | | | | | | |
| V For | m of or | an pization | Corporation Trust Association | Other In | L Year of fo | mation 30 |)OE M | State of legal domicile DE | | |
| | rt I | | mary | Other F | L feal of it | onnation 20 |)US M | i state of legal doffliche DE | | |
| r a | | | . | | | | | | | |
| | | ' - | escribe the organization's mission o RS INSTITUTE FOR MEDICAL RES | | OSE IS TO PER | RFORM M | EDICA | L RESEARCH IN THE | | |
| | | PUBLIC | INTEREST WITH THE GOAL OF E | | | | | | | |
| Governance | - | CELLS | | | | | | | | |
|] <u>a</u> | - | | | | | | | _ | | |
| 횾 | | | | | | | | | | |
| ŝ | 2 (| Check th | ns box দ if the organization disco | ntinued its operations or dispose | d of more than 2 | 25% of its | net as | ssets | | |
| න් රෙ | 3 | Number | of voting members of the governing | body (Part VI, line 1a) | | | 3 | 7 | | |
| Activities & | 4 | Number | of independent voting members of tl | he governing body (Part VI, line 1 | 1b) | | 4 | 0 | | |
| | 5 | Total nur | mber of individuals employed in cale | endar year 2011 (Part V , line 2a) | | | 5 | 401 | | |
| र्व | 6 | Total nur | mber of volunteers (estimate if nece | essary) | | | 6 | 2 | | |
| | 7a - | Total unr | related business revenue from Part | VIII, column (C), line 12 | | | 7a | 0 | | |
| | Ь | Net unre | lated business taxable income from | 1 Form 990-T, line 34 | | | 7b | 0 | | |
| | | | | | Pric | r Year | | Current Year | | |
| _ | 8 | Contril | butions and grants (Part VIII, line : | 1h) | | 8,065, | 484 | 57,865,166 | | |
| Ravenue | 9 | Progra | m service revenue (Part VIII, line | | 73, | 404 | 182,210 | | | |
| 9.0 | 10 | Invest | ment income (Part VIII, column (A | | 2,874, | 441 | 1,897,001 | | | |
| | 11 | | revenue (Part VIII, column (A), line | | 3,391, | 202 | 616,981 | | | |
| | 12 | | evenue—add lines 8 through 11 (m | line | 14,404, | 531 | 60,561,358 | | | |
| | 13 | | and similar amounts paid (Part IX, | | | 1,372, | | 1,151,122 | | |
| | 14 | | ts paid to or for members (Part IX, | | • | 1,372, | 0 | 1,131,122 | | |
| | 15 | | es, other compensation, employee b | | s - | | \dashv | | | |
| & | 13 | 5-10) | | renents (Fare IX, column (A), mic | · [| 26,301, | 376 | 28,620,114 | | |
| <u>8</u> | 16a | Profes | sional fundraising fees (Part IX, col | lumn (A), line 11e) | | | 0 | | | |
| Expenses | b | Total fu | ndraising expenses (Part IX, column (D), lir | ne 25) 🕒 | _ | | | | | |
| ш | 17 | Other | expenses (Part IX, column (A), line | es 11a-11d, 11f-24e) | | . 45,019,071 42,289 | | | | |
| | 18 | Totale | expenses Add lines 13–17 (must e | equal Part IX, column (A), line 25 |) | 72,693, | 197 | 72,060,275 | | |
| | 19 | Reven | ue less expenses Subtract line 18 | from line 12 | | -58,288, | 666 | -11,498,917 | | |
| <u></u> ይ છ | | | | | Beginnin | g of Curre | nt | End of Year | | |
| Net Assets or Fund Balances | | | | | | /ear | | | | |
| Ass Ba | 20 | | assets (Part X, line 16) | | | 496,643, | | 475,896,618 | | |
| det. | 21 | | iabilities (Part X, line 26) | | | 217,464, | | 209,682,708 | | |
| | 22 | | sets or fund balances Subtract line | e 21 from line 20 | | 279,178, | 930 | 266,213,910 | | |
| | rt II | | ature Block | | | | | | | |
| | | | erjury, I declare that I have examined t f, it is true, correct, and complete. Dec | | | | | | | |
| know | ledge. | | | | | | | | | |
| | | Ti | | | ı | | | | | |
| | | Signa | iture of officer | | | 012-08-09 ate | | | | |
| Sigr Her | | ' | | | Ъ. | | | | | |
| i ier | ت | | D M CHAO PRESIDENT or print name and title | | | | | | | |
| | | · · · · | <u> </u> | D-4- | Charle # | D===== | /o. +- ···· | vor idontification | | |
| . | | Preparer signature | | Date | Check if self- | Preparer (see inst | | yer identification number) | | |
| Paid | - اسمور | | * | | employed 🕨 🦳 | | (-55) | | | |
| Use (| arer's Only | | ame (or yours PRICEWATERHOUSECOOnployed), | PERS LLP | | EIN Þ | | | | |
| 026 (| Unity | | and ZIP + 4 1301 K STREET NW STE | 800W | | | | | | |
| | | | WASHINGTON, DC 2000 | Phone no • (202) 414-1000 | | | | | | |

| Par | t III | | | e Accomplishments use to any question in this Pa | art III | |
|------------|-------|-----------------------------|-------------------------|--|--|---------------------|
| 1 | Brief | fly describe the org | janization's mission | | | |
| SEE | SCHE | DULE O | | | | |
| | | | | | | |
| | | | | | | |
| 2 | | | | t program services during th | e year which were not listed on | ┌ Yes ┌ No |
| | If"Y∈ | es," describe these | new services on Sch | edule O | | |
| 3 | | he organization cea ces? | ┌ Yes ┌ No | | | |
| | If"Y∈ | es," describe these | changes on Schedule | : O | | |
| 4 | expe | nses Section 501 | (c)(3) and 501(c)(4) o | organizations and section 49 | its three largest program servic 47(a)(1) trusts are required to re for each program service reporte | eport the amount of |
| 4a | (Cod | e |) (Expenses \$ | 64,911,315 including grants of | f \$ 1,151,122) (Revenue \$ | 182,210) |
| | SIMR | S'S ACCOMPLISHMENTS | ARE DESCRIBED IN SCHE | | | |
| | | | | | | |
| 4b | (Cod | e |) (Expenses \$ | ıncludıng grants of | \$) (Revenue \$ |) |
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| | (0.1 | | | | | |
| 4 c | (Cod | е |) (Expenses \$ | ıncludıng grants of | \$) (Revenue \$ |) |
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| | | | | | | |
| 4d | Oth | er program service | s (Describe in Sched | ule O) | | |
| | (Exp | penses \$ | ınclud | ing grants of \$ |) (Revenue \$ |) |
| 4e | Tota | al program service | expenses > \$ | 64.911.315 | | |

| Part IV (| Checklist | of Rea | uired | Schedu | les |
|-----------|-----------|--------|-------|--------|-----|
|-----------|-----------|--------|-------|--------|-----|

| | • | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | 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? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | No |
| 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 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I^{\bullet} | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ | 10 | | No |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | No |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Νo |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV. | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | N o |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | N o |
| 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 | Yes | |
| | | F | orm 990 | (2011) |

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|--------|---|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance |

| | Check if Schedule O contains a response to any question in this Part V | • | • 1 | |
|------------|---|-------------|-----|----|
| | | | Yes | No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | | | |
| | | | | |
| | 1a 24 | | | |
| Ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| | 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | . | ., | |
| | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| la l | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this | | | |
| | return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | |
| | | 2b | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the | _ | | |
| | year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| a | 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 or securities | | | |
| | account)? | 4a | | Νo |
| 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 | | | |
| | , , =================================== | | | |
| a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| _ | If "Vac" to line Falor Fh. did the organization file Form 9996-T2 | 35 | | |
| · | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| а | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | Νο |
| | organization solicit any contributions that were not tax deductible? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | CL. | | |
| | were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | _ | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Νo |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | 7e | | No |
| _ | contract? | 76 7f | | |
| | | | | No |
| 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 | | |
| | 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? | ļ | | |
| | | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| | facilities | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other | | | |
| | sources against amounts due or received from them) | | | |
| 2a | 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 | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization | | | |
| | allocated to each state | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by | | | |
| | the states in which the organization is licensed to issue qualified health plans | | | |
| C | Enter the aggregate amount of reserves on hand 13c | | | |
| 4 > | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| ra | Did the organization receive any payments for indoor tallling services during the tax year | - +a | | No |

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

| Check if Schedule O contains a response to any question in this Part VI | | | | | | | | | | . 🔽 |
|---|--|--|--|--|--|--|--|--|--|-----|
|---|--|--|--|--|--|--|--|--|--|-----|

| Se | ction A. Governing Body and Management | | | | | | | | |
|-----|---|-----|-----|----|--|--|--|--|--|
| | | | Yes | No | | | | | |
| | | | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax | | | | | | | | |
| Id | year | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Νo | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | | |
| а | The governing body? | 8a | Yes | | | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | | | |
| 9 | 9 | | No | | | | | | |
| Se | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | | |
| Re | venue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo | | | | | |
| Ь | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | | | | | | | | |
| | the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990 | 11a | Yes | | | | | | |
| U | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | | | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | | | | | | |
| b | Other officers or key employees of the organization | 15b | Yes | | | | | | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | |
| | | | | | | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No | | | | | |
| b | b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | | | | | | |
| Se | ection C. Disclosure | | | | | | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | | | | | | |

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► J SCOTT PETTET 1000 E 50TH STREET

KANSAS CITY, MO 64110 (816) 926-4000

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the organiza | tion nor any rela | ted org | anıza | ation | is co | mpen | sate | d any current or fo | rmer officer, direct | or, or trustee |
|--|--|-----------------------------------|-----------------------|---------------------|---------------------------------|----------------|--------|--|--|--|
| (A) Name and Title | (B) Average hours per week (describe hours | unles an | on (d e tha | n on son er a | e bo is b nd a stee | x, oth) | | (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 |
| | for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | employee Key employee Officer | | Former | | Miscy | organizations |
| (1) JAMES E STOWERS JR DIRECTOR | 2 0 | х | | | | | | 0 | 0 | 0 |
| (2) VIRGINIA G STOWERS DIRECTOR | 2 0 | х | | | | | | 0 | 0 | 0 |
| (3) DAVID A WELTE DIRECTOR/SECRETARY | 2 0 | х | | Х | | | | 0 | 977,117 | 55,297 |
| (4) RODERICK L STURGEON DIRECTOR | 2 0 | х | | | | | | 0 | 1,157,859 | 51,962 |
| (5) WILLIAM B NEAVES DIRECTOR/PRESIDENT EMERITUS | 40 0 | х | | Х | | | | 447,761 | 0 | 49,102 |
| (6) DAVID M CHAO DIRECTOR/PRESIDENT/CEO | 40 0 | х | | Х | | | | 1,142,746 | 0 | 38,170 |
| (7) RICHARD W BROWN DIRECTOR/CHAIR | 2 0 | х | | х | | | | О | 1,732,640 | 48,262 |
| (8) ROBERT E KRUMLAUF SCIENTIFIC DIRECTOR | 40 0 | | | | х | | | 449,339 | 0 | 51,549 |
| (9) RONALD C CONAWAY INVESTIGATOR | 40 0 | | | | | Х | | 251,805 | 0 | 38,169 |
| (10) JOAN W CONAWAY INVESTIGATOR | 40 0 | | | | | Х | | 249,652 | 0 | 49,552 |
| (11) JERRY L WORKMAN INVESTIGATOR | 40 0 | | | | | Х | | 250,131 | 0 | 43,910 |
| (12) R SCOTT HAWLEY INVESTIGATOR | 40 0 | | | | | х | | 270,407 | 0 | 56,890 |
| (13) ALI SHILATIFARD INVESTIGATOR | 40 0 | | | | | х | | 241,767 | 0 | 52,470 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| | (A) Name and Title | (B) Average hours per week (describe | unles an | on (d e tha | n one son er ai | e bo ıs bo nd a | x, oth | | Rep comp fro organiz | (D) ortable ensation m the zation (W- 9-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | | (F) Estima amount o compens from organizat relat | ated of other sation the ion and |
|------|---|--|-----------------------------------|-----------------------|-----------------------|-----------------------|------------------------------|-------------|-------------------------------|---|--|---------------------|--|--|
| | | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | MISC | | organiza | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 4 | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | • | • | | > | | | | | | |
| d | T 1 1 (11 P 41 14) | | | | | • | | <u> </u> | | 3,303,608 | 3,867,6 | 16 | | 535,333 |
| 2 | Total number of individuals (incl \$100,000 of reportable compens | | | | | | above |) who | receive | d more tha | ın | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any form on line 1a? If "Yes," complete Sch. | | | | - | - | mploy | ee, o | r highes | t compens | ated employee | | | N |
| 4 | For any individual listed on line 1 organization and related organization and related organization. | La, is the sum of | report | able | com | | | | | | | 3 | Vac | No_ |
| 5 | Did any person listed on line 1a services rendered to the organiz | | | | | | | | | janızatıon d | or individual for | 5 | Yes | No |
| Se | ction B. Independent Con | tractors | | | | | | | | | | | | |
| 1 | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | highest comper the organizatio | | | | | | | | | | | | |
| | (A) Name and business address (B) Description of services | | | | | | | | | | | (C Comper | | |
| 4500 | ICAN CENTURY INVESTMENTS MAIN STREET AS CITY, MO 64111 | | | | | | | | | SEE SCH L, I | PART V | | | 500,000 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Fotal number of independent cont \$100,000 of compensation from t | | | ot lin | nited | d to | those | liste | d above) | who receiv | ved more than | | | |

| Part V | 444 | Statement of Reven | ue | | | | | |
|--|---------|---|---------------------|---------------|----------------------|--|---|---|
| - 4 | Ta. | Fodowsky J | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| ### | 1a | Federated campaigns . | . 1a | | | | | |
| 豆豆 | ь | Membership dues | 1b | | | | | |
| S.E. | c | Fundraising events | 1c | | | | | |
| 差岩 | d | Related organizations . | 1d | 49,733,348 | | | | |
| % <u>=</u> | e e | Government grants (contribution | ons) 1e | 6,267,013 | | | | |
| 등등 | f | All other contributions, gifts, gr | ants, and 1f | 1,864,805 | | ŀ | | |
| 重量 | • | sımılar amounts not ıncluded a | bove | | | | | |
| 温品 | g | Noncash contributions in 49,906,628 lines 1a-1f \$ | cluded in | | | | | |
| Contributions, gifts, grants and other similar amounts | h | Total. Add lines 1a-1f. | | ▶ | 57,865,166 | | | |
| Oφ | | Totali Add IIIICS Td Ti | | | , , | | | |
| <u>a</u> | _ | | | Business Code | | | | |
| ē | 2a | COLLABORATION FEE FROM HI (3) | | 900099 | 182,210 | 182,210 | | |
| æ | b | | | | | | | |
| 9 | c | | - | | | | | |
| er F | d | | | | | | | |
| ග | e | | | | | | | |
| Program Serwce Revenue | f | All other program service | revenue | | | | | |
| ွို | ' | other program service | . revenue | | | | | |
| <u>a</u> | g | Total. Add lines 2a-2f . | | | 182,210 | | | |
| | 3 | Investment income (inclu | ıdıng dıvıdend | s, interest | | | | |
| | | and other similar amount | | , | 584,440 | | | 584,440 |
| | 4 | Income from investment of tax | k-exempt bond p | roceeds 🕨 | 0 | | | |
| | 5 | Royalties | <u></u> | | 366,619 | | | 366,619 |
| | | (ı) F | Real | (II) Personal | | | | |
| | 6a | Gross rents | 10,014 | | | | | |
| | Ь | Less rental expenses | 10,014 | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or (los | s) | | | | | |
| | | | urities | (II) Other | | | | |
| | 7a | Gross amount | 85,180,210 | 15,290 | | | | |
| | | from sales of assets other | | | | | | |
| | ١. | than inventory Less cost or | 83,858,641 | 24,298 | | | | |
| | Ь | other basis and | 03,030,041 | 24,230 | | | | |
| | c | sales expenses Gain or (loss) | 1,321,569 | -9,008 | | | | |
| | d | Net gain or (loss) | | | 1,312,561 | | | 1,312,561 |
| | 8a | Gross income from fundra | ı | | , , | | | , , |
| Other Revenue | | events (not including \$ of contributions reported | - | | | | | |
| Şe. | | See Part IV, line 18 . | | | | | | |
| i. | | | a | | | | | |
| ф | ь | Less direct expenses . | ь[| | | | | |
| Ö | С | Net income or (loss) from | fundraising e | vents 🟲 🗌 | 0 | | | |
| | 9a | Gross income from gamir See Part IV, line 19 . | | | | | | |
| | ь | Less direct expenses . | ь | | | | | |
| | c | Net income or (loss) from | | ities | o | | | |
| | 10a | Gross sales of inventory, returns and allowances | less | | | | | |
| | | Tana seres of the St. | a | | | | | |
| | b c | Less cost of goods sold Net income or (loss) from | | ntory 🕨 | n | | | |
| | ⊢ | Miscellaneous Revenue | | Business Code | ď | | | |
| | 11a | MO QUALITY JOBS REB | | 900099 | 203,964 | | | 203,964 |
| | ь | | | 900099 | 46,398 | | | 46,398 |
| | | OTHER REBATES & REV | ENUE | 200033 | 10,530 | | | .0,330 |
| | C | A II - + | | | | | | |
| | d | All other revenue | _ | | | | | |
| | e | Total. Add lines 11a-11 | u | ▶ | 250,362 | | | |
| | 12 | Total revenue. See Instru | uctions | . ▶ | 60,561,358 | 182,210 | | 2,513,982 |

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) Check if Schedule O contains a response to any question in this Part IX

| | theck in Schedule O contains a response to any question in this Part IX | | (B) |) | (D) |
|-------|--|-----------------------|-----------------------------|---------------------------------|-------------------------|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 1,151,122 | 1,151,122 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States 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 | 2,178,666 | 1,960,799 | 217,867 | |
| 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 | 19,138,217 | 17,224,395 | 1,913,822 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 2,829,722 | , . | , , | |
| 9 | Other employee benefits | 3,166,612 | 2,849,951 | 316,661 | |
| 10 | Payroll taxes | 1,306,897 | 1,176,207 | 130,690 | |
| 11 | Fees for services (non-employees) | ,,-31 | , : =,=31 | 11,110 | |
| а | Management | 0 | | | |
| b | Legal | 54,294 | | 54,294 | |
| c | Accounting | 10,200 | | 10,200 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 1,383,476 | 1,245,128 | 138,348 | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 340,382 | 306,344 | 34,038 | |
| 14 | Information technology | 399,471 | 359,524 | 39,947 | |
| 15 | Royalties | 173,624 | 156,262 | 17,362 | |
| 16 | Occupancy | 2,323,812 | 2,091,431 | 232,381 | |
| 17 | Travel | 656,413 | 590,772 | 65,641 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 703,752 | 633,377 | 70,375 | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 11,724,175 | 10,551,758 | 1,172,417 | |
| 23 | Insurance | 0 | | | |
| 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) | | | | |
| а | COST-SHARING W/RELATED ORG | 16,675,992 | 15,008,393 | 1,667,599 | |
| b | LAB SUPPLIES | 6,401,614 | 5,761,453 | 640,161 | |
| С | NON-CAPITAL EQUIPMENT | 678,952 | 611,057 | 67,895 | |
| d | SCIENTIFIC CONSULTING | 383,842 | 345,458 | 38,384 | |
| e | | | | | |
| f | All other expenses | 379,040 | 341,134 | 37,906 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 72,060,275 | 64,911,315 | 7,148,960 | 0 |
| 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 | | | | |
| | | | | Fo | rm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,178,335 1.943.474 1 2 0 2 3 804,237 3 697,175 ol 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L ol 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 6 0 0 7 349.600 8 349.600 9 631,357 714.385 Prepaid expenses and deferred charges 10a 313,812,169 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 131,463,800 b Less accumulated depreciation 189,268,370 10c 182,348,369 91,159,672 11 86,566,796 11 354,224 12 15,662 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 Intangible assets 212,236,512 15 202,922,595 15 496,643,745 475,896,618 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 5,780,182 17 7,365,107 17 Accounts payable and accrued expenses . 18 18 0 19 536,488 19 617,194 20 ol 20 Ω ol 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ol 0 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 211,148,145 25 201,700,407 D 26 217,464,815 26 209,682,708 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 279,178,930 **27** 266,213,910 Unrestricted net assets ol 28 0 28 Temporarily restricted net assets Fund 29 ol 29 0 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 279.178.930 33 266.213.910 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 496.643.745 34 475.896.618

| Pal | Check if Schedule O contains a response to any question in this Part XI | | | . [~ | | | |
|-----|--|---------|----|-------|---------|--|--|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 60,5 | 561,358 | | |
| 2 | | | | | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -11,4 | 198,917 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 279,1 | .78,930 | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -1,4 | 66,103 | | |
| 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 | | 266,2 | 13,910 | | |
| Par | Tt XII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII | | | T | No | | |
| 1 | Accounting method used to prepare the Form 990 | | | res | No | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot . | | 2a | | No | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | | | |
| C | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 2c | Yes | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both | ssued | | | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | 1 | | | |
| 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? | e | 3a | Yes | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | Yes | | | |

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

DLN: 93493223008292

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

STOWERS INSTITUTE FOR MEDICAL RESEARCH

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

Employer identification number

| | | 20-2993509 | | | |
|------|---------------|--|--------------|--------|--------|
| Par | tΙ | Reason for Public Charity Status (All organizations must complete this part.) See instruc | tions | | |
| he o | rganı: | zation is not a private foundation because it is (For lines 1 through 11, check only one box) | | | |
| 1 | Γ | A church, convention of churches, or association of churches section 170(b)(1)(A)(i). | | | |
| 2 | \sqcap | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | |
| 3 | \sqcap | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | |
| 4 | 굣 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state | (iii). Ente | r the | |
| | | CHILDREN'S MERCY HOSPITAL, | | | |
| | | , KANSAS CITY, MO MASSACHUSETTS GENERAL HOSPITAL, | | | |
| | | , BOSTON, MA | | _ | |
| 5 | \sqcap | An organization operated for the benefit of a college or university owned or operated by a governmental unit | describe | d ın | |
| | | section 170(b)(1)(A)(iv). (Complete Part II) | | | |
| 6 | \sqcap | A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$. | | | |
| 7 | Γ | An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II) | e general | public | |
| 8 | $\overline{}$ | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | | | |
| 9 | <u>'</u> | An organization that normally receives (1) more than 331/3% of its support from contributions, membershi | n foot or | d aro | |
| 9 | ' | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than | | - | ,5 |
| | | its support from gross investment income and unrelated business taxable income (less section 511 tax) from | | | |
| | | acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) | JIII DUSIIIR | :5565 | |
| .0 | \vdash | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | |
| .1 | <u>'</u> | An organization organized and operated exclusively to test for public safety "Seesection 309(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry | out the | ournoc | oc of |
| . ± | 1 | one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h | | a)(3). | Check |
| e | Γ | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2) | • | • | |
| f | | If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup | porting o | rganız | ation, |
| g | | check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the | | | ı |
| | | following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) | | Yes | No |
| | | and (III) below, the governing body of the the supported organization? | 11g(i) | 1 63 | 110 |
| | | (ii) a family member of a person described in (i) above? | 11g(ii) | | |
| | | (iii) a 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | |
| h | | Provide the following information about the supported organization(s) | | | |
| | | | | | |

| (i) Name of supported organization | (ii) EIN | lype of organization (described on lines 1-9 above your g | | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the US? | | | | | |
|---|-------------|---|--|--|--|---|-----|---|-----|----|-----|----|--|
| | | | | | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | |

instructions

| Sch | edule A (Form 990 or 99 | 90-EZ)2011 | | | | | | Page 2 |
|--------|---|------------------|-------------------------|---------------------|------------------------|---|---------------------|--------------------|
| | (Complet | e only if you | checked the | box on line 5, | 7, or 8 of Part | (b)(1)(A)(iv) I or if the orgar | nızatıon faıle | d to qualify |
| | | | <u>organızatıon f</u> | fails to qualify ι | <u>under the tests</u> | listed below, pl | <u>lease comple</u> | ete Part III.) |
| | ection A. Public Su | | | | | Т | 1 | |
| Cal | endar year (or fiscal ye in) | ar beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contribut | ions, and | | | | | | |
| | membership fees recei | | | | | | | |
| | ınclude any "unusual | | | | | | | |
| _ | grants ") Tax revenues levied fo | rtho | | | | | | |
| 2 | organization's benefit a | | | | | | | |
| | paid to or expended on | | | | | | | |
| | behalf | | | | | | | |
| 3 | The value of services of | | | | | | | |
| | furnished by a governme the organization withou | | | | | | | |
| 4 | Total. Add lines 1 thro | _ | | | | | | |
| 5 | The portion of total cor | - | | | | | | |
| - | by each person (other | than a | | | | | | |
| | governmental unit or p | • | | | | | | |
| | supported organization line 1 that exceeds 2% | | | | | | | |
| | amount shown on line 1 | | | | | | | |
| | (f) | 21,0014 | | | | | | |
| 6 | Public Support. Subtractine 4 | ct line 5 from | | | | | | |
| S | ection B. Total Sup | port | | | | | | |
| Cal | endar year (or fiscal yea | r beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| _ | ın) | _ | (4) 2007 | (2) 2000 | (4) 2005 | (4) 2020 | (0) 2022 | (1) 1 3 4 4 |
| 7 8 | A mounts from line 4 Gross income from inte | rost – | | | | | | |
| 0 | dividends, payments re | | | | | | | |
| | securities loans, rents | | | | | | | |
| | and income from simila | ır | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrela business activities, wh | | | | | | | |
| | not the business is reg | | | | | | | |
| | carried on | | | | | | | |
| 10 | Other income (Explain | | | | | | | |
| | IV) Do not include gai from the sale of capital | | | | | | | |
| 11 | Total support (Add line | | | | | | | |
| | through 10) | | | | | | | |
| 12 | Gross receipts from re | lated activities | s, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the | | r the organizati | on's first, second | l, thırd, fourth, or | fıfth tax year as a | 501(c)(3) or | |
| | check this box and sto | p here | | | | | | ▶ □ |
| S | ection C. Computat | ion of Publ | ic Support F | Percentage | | | | |
| 14 | Public Support Percen | tage for 2011 | (line 6 column | (f) dıvıded by lıne | 11 column (f)) | | 14 | |
| 15 | Public Support Percen | tage for 2010 | Schedule A , Pa | rt II, line 14 | | | 15 | |
| 16a | 33 1/3% support test- | | | | | line 14 is 33 1/3% | % or more, che | |
| h | and stop here. The org 33 1/3% support test | | | | | 6a and line 15 is | 33 1/20% or m | ore check this |
| D | box and stop here. The | | | | | oa, and inte 15 IS | 1/3%0 UI M | ore, check this |
| 17a | 10%-facts-and-circum | - | • | | - | ne 13, 16a, or 16 | b and line 14 | ٠, |
| | ıs 10% or more, and ıf | | | | | | | |
| | in Part IV how the orga | anızatıon meet | s the "facts and | d circumstances" | test The organiz | zatıon qualıfıes as | a publicly su | |
| b | organization 10%-facts-and-circum | stances test— | 2010. If the ora | anization did not | check a hov on li | ne 13, 16a 16b | or 17a and lin | ▶ |
| , | 15 is 10% or more, an | | | | | | | - |
| | Explain in Part IV how | the organizati | | | | | | |
| 10 | supported organization Private Foundation If t | | n did not chools | a hov on line 12 | 16a 16h 17a a | or 17h chack this | hov and coc | ► □ |

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| | Facts And Circumstances Test | | | | | | | |
| | | | | | | | | |
| Explanation | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493223008292

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Name of the organization

Employer identification number

| STOWERS INSTITUTE FOR MEDICAL RESEARCH | | | loyer identii ica | cion nambe | • |
|---|---|-----------|-------------------------|------------|----------|
| | | | 2993509 | | |
| Part I Organizations Maintaining Donor Adorganization answered "Yes" to Form 990 | | unds | or Accounts | . Complet | te if th |
| Organization answered Tes to Form 390 | (a) Donor advised funds | т , | (b) Funds and o | ther accou | nts |
| Total number at end of year | (4) 20101 4411304 141143 | , | (2) i anas ana s | | |
| Aggregate contributions to (during year) | | | | | |
| Aggregate contributions to (during year) Aggregate grants from (during year) | | | | | |
| · · · · · · · · · · · · · · · · · · · | | 1 | | | |
| Aggregate value at end of year | | | | | |
| Did the organization inform all donors and donor advis funds are the organization's property, subject to the o | | nor advi | sed | ┌ Yes | ┌ No |
| Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit | | | | ┌ Yes | ┌ No |
| art II Conservation Easements. Complete | of the organization answered "Yes" | to Forn | า 990, Part IV | , line 7. | |
| Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualif | on or pleasure) Preservation of a | certifie | d historic struc | - | a |
| easement on the last day of the tax year | | | | | |
| | | | Held at the | End of the | Year |
| Total number of conservation easements | | 2a | | | |
| Total acreage restricted by conservation easements | | 2b | | | |
| Number of conservation easements on a certified hist | toric structure included in (a) | 2c | | | |
| Number of conservation easements included in (c) ac | quired after 8/17/06 | 2d | | | |
| Number of conservation easements modified, transference the taxable year - | rred, released, extinguished, or termina | ted by th | ie organization | during | |
| Number of states where property subject to conserva | tion easement is located 🛌 | | | | |
| Does the organization have a written policy regarding enforcement of the conservation easements it holds? | | ndling of | violations, and | ┌ Yes | ┌ No |
| Staff and volunteer hours devoted to monitoring, insp | ecting and enforcing conservation ease | ments d | uring the year 🕨 | + | |
| Amount of expenses incurred in monitoring, inspectin | | | | | |
| Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of se | ection | | ┌ Yes | ┌ N |
| In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem | he footnote to the organization's financi | | | | |
| rt III Organizations Maintaining Collection Complete if the organization answered " | | , or Ot | her Similar <i>i</i> | Assets. | |
| If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fine | for public exhibition, education or resea | rch ın fu | | | ·, |
| If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items | public exhibition, education, or research | | | • | |
| (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | | |
| (ii) Assets included in Form 990, Part X | | | <u> </u> | | |
| If the organization received or held works of art, histo following amounts required to be reported under SFAS | | for finan | | | |
| Revenues included in Form 990, Part VIII, line 1 | <u>.</u> | | ▶ \$ | | |

b Assets included in Form 990, Part X

| -61 | 411 Organizations Maintaining Collections of Art, i | HIS | tor | cai i | reas | ures, or oth | er Similia | IF ASSE | is (co | <u>ntinuea)</u> |
|-----|--|-------|--------------|---------|---------|-----------------------------------|--|-----------------|------------------|--|
| 3 | Using the organization's accession and other records, check any citems (check all that apply) | of th | ne fol | lowing | that a | re a significant | use of its o | collectio | n | |
| а | Public exhibition | d | Γ | Loar | orex | change program | s | | | |
| b | Scholarly research | e | Γ | Othe | er | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain Part XIV | hov | v the | y furth | er the | organization's e | exempt pur | pose in | | |
| 5 | During the year, did the organization solicit or receive donations o assets to be sold to raise funds rather than to be maintained as pa | | | | | | mılar | Г | Yes | ┌ No |
| Pai | Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 990 | e ıf | the | orgai | nızatıc | | Yes" to Fo | orm 990 | Ο, | · |
| 1a | Is the organization an agent, trustee, custodian or other intermedincluded on Form 990, Part X? | ary | ford | ontrib | utions | or other assets | not | Γ | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV and complete the fol | llow | ıng t | able | | | | | | |
| _ | | | | | | | | Amou | unt | |
| C | Beginning balance | | | | | 1c | + | | | |
| d | Additions during the year | | | | | 1d | + | | | |
| e | Distributions during the year | | | | | 1e | | | | |
| Т | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Form 990, Part X, line 2 | 21? | | | | | | J | Yes | No |
| | If "Yes," explain the arrangement in Part XIV | | | 1 1154 | | F 000 D- | 1.71/ 1 - | - 10 | | |
| Рa | rt V Endowment Funds. Complete if the organization a | | wer Prior | | | | I rt IV, line I) Three Years | | •)Four Ye | ears Back |
| 1a | Beginning of year balance | (- / | , | | 1 | (4 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (3 | ,, | |
| ь | Contributions | | | | | | | | | |
| С | Investment earnings or losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the year end balance held as | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | |
| b | Permanent endowment 🕨 | | | | | | | | | |
| c | Term endowment ▶ | | | | | | | | | |
| За | Are there endowment funds not in the possession of the organizati | on t | that | are he | ld and | administered fo | r the | | | |
| | organization by | | | | | | | [2 (°) | Yes | No |
| | (i) unrelated organizations | | • | • | • | | | 3a(i) 3a(ii) | | |
| b | (ii) related organizations | | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the organization's endow | | | | • | | | | | |
| Par | t VI Land, Buildings, and Equipment. See Form 990, | Pa | rt X | , line | 10. | | | | | |
| | Description of property | | (a) | Cost or | rother | (b)Cost or other basis (other) | (c) Accum | | (d) Boo | ok value |
| 1a | Land | | f | | | 3,400,00 | | | : | 3,400,000 |
| | Buildings | | | | | 224,028,18 | | 254,547 | | 8,773,641 |
| | Leasehold improvements | | | | | · , | 1 | | | |
| | Equipment | | | | | 86,377,68 | 2 66,2 | 209,254 | 20 | 0,168,428 |
| e | Other | | | | | 6,30 | <u> </u> | | | 6,300 |
| | I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column | (B) | . line | 10(c) | .) . | | ▶ | | 18 | 2,348,369 |

| (2) OTHER RECEIVABLES 575,427 Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶ 202,922,595 Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM A FFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | | |
|---|---|--------------------------|---------------|-------------------|
| Carter Column Carter C | | (b)Book value | | |
| Color Colo | | | Cost of end o | year market value |
| Total, (Column (2) should equal from \$50, Part X, col (3) line (2) * Total, (Column (3) should equal from \$50, Part X, col (4) line (2) * Part VIII Investments—Program Related, See Form \$990, Part X, line (3). (a) Description of investment type (b) Besk value Cont or end-of-part microel value (a) Description (b) Besk value (c) Description (d) Description (e) Description (d) Description (e) Description (e) Description (e) Description (f) Microel of value (1) (e) Description (f) Besk value (f) Microel of value (1) (g) Description (h) Besk value (h) B | | | | |
| Total, Column (8) should regard from 960, Part x, cot (8) fine 32) . | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (b) should equal form 990, Part X, col (d) Ine 15.) Total. (Column (b) Seck Value Cost or end-of-year market value | | | | |
| Total. (Column (a) should equal form 990, Part X, col (B) Ine 13) Total. (Column (b) should equal form 990, Part X, col (B) Ine 13) Part IX Other Assets. See Form 990, Part X, ine 15. (a) Description (b) Book value (b) Book value (c) Method of valuation. Cost or end-of-year market value Total. (Column (b) should equal form 990, Part X, ine 15. (a) Description (b) Book value (c) OTHER RECEIVABLES (d) Description (e) Book value (i) ANNUITY RECEIVABLES (ii) ANNUITY RECEIVABLES (iii) ANNUITY RECEIVABLES (iv) Annuity (b) Should equal form 990, Part X, col (B) Ine 15. (iv) Annuity (b) Should equal form 990, Part X, col (B) Ine 15. (iv) Annuity (b) Annuity (c) Annuity (c | Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| (a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year market value Total. (Column (b) showld repail Farm 990, Part X, col (f) Ner 12) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) ANNUITY RECEIVABLES (2) OTHER RECEIVABLES Total. (Column (b) should equal Farm 990, Part X, col (g) Ner 15) Total. (Column (b) should equal Farm 990, Part X, col (g) Ner 15) Total. (Column (b) should equal Farm 990, Part X, col (g) Ner 15) Total. (Column (b) should equal Farm 990, Part X, col (g) Ner 15) Total. (Column (b) should equal Farm 990, Part X, col (g) Ner 15) Total. (Column (b) should equal Farm 990, Part X, col (g) Ner 15) ADAMACES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 173,624 | | | 13. | |
| Total. (Column (b) Swould equal Form 990, Part X, col (b) lane 13) Part X | | | | od of valuation |
| Other Assets. See Form 990, Part X, line 15. | (a) Description of investment type | (b) Book value | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | _ |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | | | | |
| Other Assets. See Form 990, Part X, line 15. | Total. (Column (b) should equal Form 990. Part X. col (B) line 13) | | | |
| (a) Description (b) Book value 202,347,168 (2) OTHER RECEIVABLES Total. (Column (b) Should 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 Federal Income Taxes ADVANCES FROM AFFILIATES ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | ne 15. | 4 | |
| (2) OTHER RECEIVABLES 575,427 Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶ 202,922,595 Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM A FFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | (b) Book value |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) | (1) ANNUITY RECEIVABLE | | | 202,347,168 |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | (2) OTHER RECEIVABLES | | | 575,427 |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | | |
| 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ADVANCES FROM AFFILIATES 4,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | | | <u> </u> | 202,922,595 |
| Federal Income Taxes ADVANCES FROM AFFILIATES A,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | (-) December of the below | | | |
| ADVANCES FROM AFFILIATES A,394,500 ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | 1 (a) Description of Liability | (b) A mount | | |
| ANNUITY PAYABLE 197,132,283 ROYALTIES PAYABLE 173,624 | Federal Income Taxes | 0 | | |
| ROYALTIES PAYABLE 173,624 | ADVANCES FROM AFFILIATES | 4,394,500 | | |
| | ANNUITY PAYABLE | 197,132,283 | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 201,700,407 | ROYALTIES PAYABLE | 173,624 | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 201,700,407 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨 201,700,407 | | | | |
| | Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ | 201,700,407 | | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
|------|--|-------|-------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | |
| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Re | turn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| 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 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |
| - | Reconciliation of Expenses per Audited Financial Statements With Expenses | per R | eturn |
| 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 | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| 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) | _ | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | |
| | t XIV Supplemental Information | | |
| | nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t | | |

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

additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | PART X, LINE 2 | FIN 48 FINANCIAL STATEMENT FOOTNOTE FROM THE CONSOLIDATED STATEMENTS OF STOWERS INSTITUTE FOR MEDICAL RESEARCH (THE INSTITUTE) IS AS FOLLOWS THE INSTITUTE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT |
| | | THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED AS DESCRIBED ABOVE IN NOTE 1, THE INSTITUTE CONSISTS OF FIVE TAX-EXEMPT ENTITIES AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE THEREORE, IT IS THE INSITUTE'S TAX POSITION THAT THESE FIVE ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAXES |

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Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493223008292

Inspection Internal Revenue Service Name of the organization Employer identification number STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

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

| (a)Type of grant or assistance | (b)Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------------------|-----------------------------------|--|---|
| (1) STIPENDS/FELLO WSHIPS | 64 | 1,151,122 | | N/A | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| SCHEDULE I | PART I, LINE 2 | SIMR PROVIDES TRAINING STIPEND/FELLOWSHIPS TO UNDERGRADUATES, GRADUATES, AND POST-DOCTORAL CANDIDATES THESE STIPENDS/FELLOWSHIPS ARE PROVIDED FOR THE INDIVIDUAL'S TRAINING AND NOT AS COMPENSATION FOR ANY SERVICES PROVIDED BY THEM TO SIMR STIPENDS/FELLOWSHIPS ARE OFFERED ON A NON-DISCRIMINATORY BASIS TO INDIVIDUALS STUDYING A BASIC BIOMEDICAL FIELD WITH THE OBJECTIVE OF CONTINUING IN THIS FIELD UPON THE COMPLETION OF THEIR EDUCATION AND TRAINING |

DLN: 93493223008292

Employer identification number

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| 310 | WERS INSTITUTE FOR PIEDICAL RESEARCH | | 20-2993509 | | | |
|-----|--|----------|--|----|-----|------------|
| Pa | rt I Questions Regarding Compensation | | 120 2333003 | | | |
| | | | | | Yes | Νo |
| 1a | - · · · · · · · · · · · · · · · · · · · | | | | | |
| | 990, Part VII, Section A, line 1a Complete Part III t | to pro | | | | |
| | First-class or charter travel | <u> </u> | Housing allowance or residence for personal use | | | |
| | ☐ Travel for companions☐ Tax idemnification and gross-up payments | <u>'</u> | Payments for business use of personal residence Health or social club dues or initiation fees | | | |
| | Discretionary spending account | <u>'</u> | Personal services (e.g., maid, chauffeur, chef) | | | |
| | , Discretionary spending decount | • | reisonal services (e.g., maia, endanear, ener) | | | |
| b | If any of the boxes in line 1a are checked, did the org | | | | | |
| _ | reimbursement orprovision of all the expenses descri | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive I | | | 2 | Yes | |
| | | | | | 163 | |
| 3 | Indicate which, if any, of the following the organization | n uses | s to establish the compensation of the | | | |
| | organization's CEO/Executive Director Check all tha | | · | | | |
| | Compensation committee | | Written employment contract | | | |
| | Independent compensation consultant | 고 | · | | | |
| | Form 990 of other organizations | 10 | Approval by the board or compensation committee | | | |
| 4 | | art V I | I, Section A, line 1a with respect to the filing organization | | | |
| | or a related organization | | | | | |
| а | Receive a severance payment or change-of-control p | aymei | nt? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplement | tal nor | nqualified retirement plan? | 4b | | Νo |
| С | Participate in, or receive payment from, an equity-bas | | | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pro- | vıde tl | he applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mus | t com | plete lines 5-9. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, li | | | | | |
| | compensation contingent on the revenues of | | | | | |
| а | The organization? | | | 5a | Yes | |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of | ne 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, pa | | | | | |
| | subject to the initial contract exception described in in Part III | кegs | section 53 4958-4(a)(3)? If "Yes," describe | | | NI - |
| 9 | If "Yes" to line 8, did the organization also follow the | robu+ | table precumption precedure described in Descriptions | 8 | | No |
| -7 | | | | | | |

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|----------------------------|-------------|--|---|---|--------------------------------|----------------|----------------------|---|
| | | (i) Base (ii) Bonus & incentive compensation | | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| (1) DAVID A WELTE | (I) (II) | 0 947,816 | 0 | 0 29,301 | 0 36,750 | 0 18,547 | 0 1,032,414 | |
| (2) RODERICK L STURGEON | (ı) (ıı) | 0 1,114,083 | 0 | 0 43,776 | 0 36,750 | 0 15,212 | 0 1,209,821 | |
| (3) WILLIAM B NEAVES | (I) (II) | 440,014 0 | 0 | 7,747 0 | 36,750 0 | 12,352 0 | 496,863 0 | |
| (4) DAVID M CHAO | (I) (II) | 1,140,406 0 | 0 | 2,340 | 36,750 0 | 1,420 0 | 1,180,916 0 | |
| (5) ROBERT E KRUMLAUF | (I) (II) | 445,902 0 | 0 | 3,437 0 | 36,750 0 | 14,799 0 | 500,888 0 | |
| (6) RONALD C CONAWAY | (I) (II) | 249,609 0 | 0 | 2,196 0 | 36,750 0 | 1,419 0 | 289,974 0 | |
| (7) JOAN W CONAWAY | (I) (II) | 247,456 0 | 0 | 2,196 0 | 36,750 0 | 12,802 0 | 299,204 0 | |
| (8) JERRY L WORKMAN | (I) (II) | 248,936 0 | 0 | 1,195 0 | 36,750 0 | 7,160 0 | 294,041 | |
| (9) R SCOTT HAWLEY | (I) (II) | 268,174 0 | 0 | 2,233 | 36,750 0 | 20,140 0 | 327,297 0 | |
| (10) ALI SHILATIFARD | (I) (II) | 225,029 | 0 | 16,738 0 | 34,388 0 | 18,082 0 | 294,237 0 | |
| (11) RICHARD W BROWN | (I) (II) | 0 1,702,671 | 0 | 0 29,969 | 0 36,750 | 0 11,512 | 0 1,780,902 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--------------------|---------------------|---|
| PART I, LINE 1A | | SIMR HAS WRITTEN EMPLOYMENT CONTRACTS WITH WILLIAM B NEAVES, PRESIDENT EMERITUS, AND DAVID M CHAO, PRESIDENT, WHICH PROVIDES FOR TAXABLE TERM LIFE BENEFITS AND FOR THE EXECUTIVES TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THE BENEFITS |
| PART I, LINE 1B | | SIMR PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PURSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WERE APPROVED BY SIMR'S GOVERNING BOARD SEE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15, FOR ADDITIONAL PROCESSES RELATED TO DETERMINING EXECUTIVE COMPENSATION |
| PART I, LINE 5A | | SIMR ACCRUED A PAYMENT OF \$86,812 DUE TO ROBERT E KRUMLAUF, SCIENTIFIC DIRECTOR THIS PAYMENT REPRESENTS THE PORTION OF THE NET ROYALTIES RECEIVED BY SIMR FOR LICENSED SCIENTIFIC DISCOVERY TECHNOLOGY THAT IS PAYABLE TO ROBERT E KRUMLAUF, PH D , FOR HIS PARTICIPATION IN THE DISCOVERY |

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493223008292

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

2011

OMB No 1545-0047

Open to Public Inspection

| Name o | of the organization AS INSTITUTE FOR MEDICAL RESEA | VD C H | | | | | | E | mployer i | dent if ica | tion numb | er |
|----------------|---|----------------|--------------------|------------------------|-------------|---------------------|-----------|-----------------|------------|--------------|------------|---------|
| STOWER | S INSTITUTE FOR MEDICAL RESEA | accii | | | | | | 2 | 0-29935 | 09 | | |
| Part I | Excess Benefit Trai | nsacti | ons (s | ection 501 | (c)(3) a | and section 501 | (c)(4) | | | | | |
| | Complete if the organizat | ion ans | wered " | Yes" on For | m 990, F | Part IV, line 25a d | or 25b, c | or Form | 990-EZ, | Part V , I | ine 40b | |
| _ | (a) Nama of diag | المانات المانا | | | | | | | | | | (c) |
| 1 | (a) Name of disq | uaiiiieu | person | | | (b) Desc | ription | of trans | action | | | rected? |
| | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 Fn | ter the amount of tax impos | ed on t | he organ | nization man | aners or | disqualified ners | ons dur | ing the v | ear unde | r | • | • |
| | ction 4958 | | · | | • • | | | _ | • | · · \$ —— | | |
| 3 En | iter the amount of tax, if any | , on line | e 2, abo | ve, reimburs | ed by th | e organization . | | | 🕨 | · \$ | | |
| | | | | | | | | | | | | |
| Part I | | | | | | | _ | | | | | |
| | Complete if the organiz | zation a T | inswere | i "Yes" on F | orm 990 | Part IV, line 26 | , or Fori | n 990-l | (f) | | <u>a</u> | |
| | | | oan to | | | | (e) i | [n | Approv | | (g)Writ | ten |
| (a) Nar | me of interested person and | 1 | om the ization? | (c)Orig principal a | | (d)Balance due | defau | | | d or | agreement? | |
| | purpose | | | principara | annount | | , | | committee? | | | |
| | | То | From | | | | Yes | No | Yes | No | Yes | No |
| | | 1 | | | | | | | | | | 1 |
| | | - | | | | | | - | - | | | - |
| | | 1 | | | | | | | | | | 1 |
| | | | | | | | | + | | | | 1 |
| | | 1 | | | | | | 1 | | | | + |
| Total | | 1 | | | ▶ \$ | | | | 1 | | | 1 |
| Part II | Grants or Assistar | ice Be | nefitt | ina Intera | • | Persons | l | | | | | |
| rait II | Complete if the orga | | | | | | . line 2 | 27. | | | | |
| | | | | | | en interested per | | | | | | |
| | (a) Name of interested pers | on | | an | d the or | ganızatıon | | (c) A n | nount of g | rant or ty | pe of assı | stance |
| | | | | | | | | | | | | |
| | | | _ | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 | (c) Amount of transaction | (d) Description of transaction | organı | arıng of zatıon's nues? |
|------------------------------------|--|---------------------------|--------------------------------|--------|-------------------------------|
| | organization | | | Yes | No |
| (1) AMERICAN CENTURY COMPANIES INC | SEE PART V | 500,000 | SEE PART V | | Νo |
| (2) JULIA ZEITLINGER PhD | SEE PART V | 109,137 | EMPLOYEE OF SIMR | | No |
| (3) LEANNE WIEDEMANN PhD | SEE PART V | 182,777 | EMPLOYEE OF SIMR | | No |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|-------------------------|------------------|--|
| PART IV, LINE (1) | | RICHARD W BROWN, DAVID A WELTE, AND RODERICK L STURGEON ARE CURRENT DIRECTORS OF SIMR AND ALSO DIRECTORS OF AMERICAN CENTURY COMPANIES, INC ("ACCI") JAMES E STOWERS JR, A DIRECTOR OF SIMR, IS ALSO THE FOUNDER OF ACCI SIMR, ALONG WITH MR STOWERS, OTHER STOWERS FAMILY MEMBERS, AND OTHER RELATED PARTIES DISCLOSED IN SCHEDULE R RETAIN A CONTROLLING VOTING INTEREST IN ACCI SIMR RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS ("ACI") SIMR PAYS THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH MUTUAL FUND INVESTOR THE VALUE OF THESE SERVICES, ESTIMATED BY MULTIPLYING SIMR'S AVERAGE AMOUNT OF MUTUAL FUND HOLDINGS THROUGHOUT THE YEAR BY THE PUBLISHED ADMINISTRATIVE FEE PERCENTAGE FOR THE APPLICABLE FUNDS, WAS APPROXIMATELY \$500,000 IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SIMR SELECTED A HIGH QUALITY MUTUAL FUND |
| PART IV, LINE (2) & (3) | | COMPANY WITH AN OUTSTANDING TRACK RECORD JULIA ZEITLINGER, PH D, IS THE SPOUSE OF DAVID M CHAO, PRESIDENT OF SIMR MS ZEITLINGER IS AN ASSISTANT INVESTIGATOR AT SIMR MS ZEITLINGER'S PREVIOUS EMPLOYMENT BEFORE SIMR WAS WITH THE WHITEHEAD INSTITUTE FOR MEDICAL RESEARCH WHERE SHE WAS THE RECIPIENT OF A POSTDOCTORAL FELLOWSHIP FROM THE HUMAN FRONTIER SCIENCE PROGRAM LEANNE WIEDMANN, PH D, IS THE SPOUSE OF ROBERT KRUMLAUGF, SCIENTIFIC DIRECTOR OF SIMR MS WIEDEMANN PERFORMS INDEPENDENT SCIENCE RESEARCH AT SIMR AND IS CONCURRENTLY A PROFESSOR AT THE UNIVERSITY OF KANSAS MEDICAL CENTER IN THE DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE |

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

DLN: 93493223008292

OMB No 1545-0047

SCHEDULE M

NonCash Contributions

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

Open to Public Inspection

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(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

| | ERS INSTITUTE FOR MEDICAL RESEARCH | 4 | | | Limployer identificat | ion nun | | |
|-----|---|----------------------------------|--|---|------------------------------------|-------------------|-----|----|
| Do | Tunes of Dronorty | | | | 20-2993509 | | | |
| Pa | rt I Types of Property | (a) Check If applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d Method of de contribution | etermın | | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| | Cars and other vehicles | | | | | | | |
| | Boats and planes | | | | | | | |
| | Intellectual property | | | 40.540.040 | | | | |
| | Securities—Publicly traded . | X | 2 | | FAIR MARKET VAL | | | |
| | Securities—Closely held stock . Securities—Partnership, LLC, | . X | 1 | 337,691 | FAIR MARKET VAL | <u>UE</u> | | |
| | or trust interests | | | | | | | |
| | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other►(<u>SUPPLIES</u>) | Х | 1 | 5,018 | FAIR MARKET VAL | UE | | |
| 26 | O ther ▶() | | | | | | | |
| 27 | Other ▶() | | | | | | | |
| 28 | O ther ► () | | | | | | | |
| 29 | Number of Forms 8283 received for which the organization comp | | | | 29 | | | |
| | | | | | | \longrightarrow | Yes | No |
| 30a | During the year, did the organiza | | | | | | | |
| | must hold for at least three year | | | | d to be used | | | |
| | for exempt purposes for the enti | | | | | 30a | | No |
| b | If "Yes," describe the arrangem | ent in Part | II | | | | | |
| 31 | Does the organization have a gi | ft acceptan | ce policy that requires the i | eview of any non-standard | contributions? | 31 | Yes | |
| 332 | Does the organization hire or us | e third part | ies or related organizations | to solicit process or sell | non-cach | 1 1 | | |

b If "Yes," describe in Part II

describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

32a

Νo

Part II

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

| Identifier | Return Reference | Explanation |
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| PART I, COLUMN B | | THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS" REPRESENTS THE TOTAL NUMBER OF CONTRIBUTORS AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED |

Schedule M (Form 990) 2011

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number

20-2993509

| ldentifier | Return Reference | Explanation |
|----------------------------------|---------------------|--|
| FORM 990, PART III, LINE 1 | | THE STOWERS INSTITUTE FOR MEDICAL RESEARCH PERFORMS MEDICAL RESEARCH IN THE PUBLIC INTEREST WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF FUNDAMENTAL PROCESSES IN LIVING CELLS AND IMPROVING LIFES QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PREVENTION OF DISEASE FORM 990, PART III, LINE 4 SIMRS ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O FORM 990, PART VI, LINE 2 JAMES E STOWERS AR AND VIRGINIA G STOWERS, DIRECTORS OF SIMR, HAVE A FAMILY RELATIONSHIP RICHARD W BROWN, DAVID A WELTE, AND RODERICK L STURGEON, ALL DIRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP. THEY SERVE ON THE BOARD OF AMERICAN CENTURY COMPANIES, INC. ("ACCI") AS DESCRIBED IN RESPONSE TO SCHEDULE IL, PART IV. RICHARD W BROWN, WILLIAM B NEAVES, DAVID M CHAO, AND RODERICK L STURGEON, DIRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP. THEY SIMPLE SERVE ON THE BOARD OF AMERICAN CENTURY COMPANIES, INC. ("ACCI") AS DESCRIBED IN RESPONSE TO SCHEDULE IL, PART IV. RICHARD W BROWN, WILLIAM B NEAVES, DAVID M CHAO, AND RODERICK L STURGEON, DIRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP. THEY ALL SERVE ON THE BOARD OF BIOMED VALLEY DISCOVERIES, INC., A RELATED PARTY AS DISCUSSED ON SCHEDULE R FORM 990, PART VI, LINE 11B THE DATA AND INFORMATION NECESSARY TO PREPARE SIMR'S FORM 990 WAS COMPILED BY SIMR'S ACCOUNTING DEPARTMENT AND THEM REVIEWED BY OUR TAX ATTORNEY AT BRY AN CAVE, LLC. PRICEWATERHOUSECOOPERS ("PAVC"), OUR EXTERNAL TAX PREPARERS, USE THIS INFORMATION TO PREPARE THE FORM 990. THE COMPILETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS DISTRIBUTED IN ADVANCE TO ALL OFFICERS OF SIMP FOR THEIR REVIEW AND COMMENTS BEFORE THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATIONS BOARD BEFORE IT IS FILED WITH THE IRS AFTER THE PREPARATION AND REVIEW PROCESS DESCRIBED ABOVE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATIONS BOARD BEFORE IT IS FILED WITH THE IRS FORM 990, PART VI, LINE 12C SIMR HAS ADOPTED A "CONFLICT OR INTEREST AND DIR |

| ldentifier | Return Reference | Explanation |
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| FORM 990, PART XI, LINE 5 | | ACTUARIAL LOSS ON ANNUITY (587,951), UNREALIZED LOSSES ON INVESTMENTS (878,152), TOTAL OTHER CHANGES IN NET ASSETS \$(1,466,103) |

| ldentifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 | 2011 PROGRAM SERVICE ACCOMPLISHMENTS | THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") IS A PRIVATE, NONPROFIT MEDICAL RESEARCH ORGANIZATION SIMR WAS FOUNDED IN 1994 BY JIM AND VIRGINIA STOWERS, TWO CANCER SURVIVORS WHO HAVE DEDICATED THEIR FORTUNE TO SUPPORTING BASIC RESEARCH IN CELL AND MOLECULAR BIOLOGY THAT WILL PROVIDE LONG-TERM SOLUTIONS TO GENE-BASED DISEASES SIMR CONDUCTS BASIC BIOMEDICAL RESEARCH IN THE PUBLIC INTEREST THAT WILL ULTIMATELY PROVIDE A GREATER UNDERSTANDING OF THE GENES AND PROTEINS THAT CONTROL HOW CELLS IN OUR BODIES MULTIPLY, FORM TISSUES, AND DIE LIKE A GROWING NUMBER OF SCIENTISTS TODAY, INSTITUTE SCIENTISTS ARE CONVINCED THAT BY STUDYING THE BASIC BIOLOGY OF CELLS THEY WILL DISCOVER HOW GENES CAUSE MANY DISEASES, INCLUDING CANCER, DIABETES, AND DEMENTIA BASIC RESEARCH CONDUCTED AT SIMR SHOULD POINT THE WAY TO THE DEVELOPMENT OF NEW PREVENTIONS, TREATMENTS, AND CURES FOR GENETIC DISEASES |

| Identifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | 2011 NOTABLE RESEARCH RESULTS | IN 2011, SIMR RESEARCH TEAMS MADE DISCOVERIES MERITING PUBLICATION IN LEADING PEER-REVIEWED SCIBITIFIC JOURNALS - 66 ORIGINAL RESEARCH PAPERS IN ALL. SIMR RESEARCH TEAMS ALSO PUBLISHED 44 REVIEWS, COMMENTARES, CHAPTERS, AND ONE BOOK SOME OF THE HIGHLIGHTS AMONG PAPERS PUBLISHED IN 2011 INCLUDE THE ZEITLINGER LAB DISCOVERED THAT THE BINDING OF THE TRANSCRIPTION FACTOR TWIST IS HIGHLY CONSERVED ACROSS SIX DROSOPHILA SPECIES, REVEALING STRONG FUNCTIONAL CONSTRAINTS AT ITS BHANCERS (PUBLISHED IN THE ARRIL 10 ADVANCE ONLINE EDITION OF INATURE GENETICS) THE CONAWAY LAB, IN COLLABORATION WITH THE PROTEOMICS CENTER, THE SHILATIFARD LAB AND THE KRUMLAUF LAB, DENTIFIED THE MOLECULAR LINCH PIN THAT ALLOWS RIVA POLYMERASE IITO SHIFT FROM A STATIC STATE TO AN ACTIVE, GENE-EXPRESSION MODE (PUBLISHED IN THE JULY 8) ISSUE OF CELL) THE SHILATIFARD LAB PINPONITED THE SUPER BLONGATION COMPLEX AS A MAJOR REGULATOR IN THE CONDITIONAL OF EARLY DEVELOPMENTAL GENES (PUBLISHED IN THE JULY 15 ISSUE OF GENES SHILATIFARD LAB PINPONITED THE SUPER BLONGATION COMPLEX AS A MAJOR REGULATOR IN THE CONDITIONAL TO THE WORKMAN LAB, IN COLLABORATION WITH THE PROTEOMICS CENTER. THE SHILATIFARD AND THE CONAWAY LAB, REPORTED THAT THE HIGHLY CONSERVED COACTIVATOR SAGA, BEST CHARACTERIZED FOR LENDING A HELPING HAND DURING THE EARLY STEPS OF TRANSCRIPTIONAL INITIATION IN YEAST, PLAYS AN IMPORTANT ROLE IN TISSUE-SPECIFIC GENE EXPRESSION IN FRUIT FLIES (PUBLISHED IN THE JULY 15 ISSUE OF GENES & DEVELOPMENT). THE SANCHE STREAM PUSHES CHROMOSOMES FAR-OFF THE CENTER IN PREPARATION FOR THE HIGHLY ASY MIMERICAL BUSINGS. PROBESS & DEVELOPMENT). THE SANCHE AND SCREEN FROM SCRATCH PROVIDING NEW CLUES ABOUT THE EVOLUTIONARY ORIGIN OF MAMMALIAN KIDNEYS (PUBLISHED IN THE AUGUST 9 ISSUE OF THE SOURMAL DEVELOPMENT). THE CONDITION OF NATURE CELL DIVISION THE SOURMAND LAND ADDRING THE CENTER IN PREPARATION FOR THE HIGHLY ASY MIMERIC CELL DIVISION THAT COMPLETES OCCYTE MATURATION OF NATURE CELL BROWN IN PREPARATION OF THE STRUCTURE HAT ALLOWS CHROMOSOMES FAR-OFF THE CENTE |

| ldentifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | | COMPREHENSIVE LIST OF 2011 ORIGINAL RESEARCH PAPERS, REVIEWS, COMMENTARIES OR CHAPTERS, AND BOOKS ORIGINAL RESEARCH PAPERS BEAR J. RUBINSTEIN B, FEL. L. CAPILLARY PRESSURE CLIVE FOR LIQUID MENISCI IN A CUBIC ASSEMBLY OF SHERIOT. PARTICLES BELOW REPOLICIES SATURATION TRANSPORT IN POROUS MEDIA 2011.89 63-73. BENAZERAF B, FRANCOIS P, DENAIN N, LITTLE CD, POURQUIE O JA NON DIRECTIONAL COLL MIGRATION GRADIENT IN THE PRESONITION INSCORDER OCNTRIBUTES TO AXIS ELONGATION IN CHICKEN EMBERY OS). BIOL AULQUIPOHU 2011.205 95-103. BERDY/GUILOVA Z, WESTBLADELF, FLORENS L, KOONIN EV, CHATT BT, RAMANCLLOV E, WASHBURN MP, DARST SA, SEVERINOV K, MINAKHIN L. TEMPORAL REGULATION OF GENE EXPRESSION OF THE THERMOSHIPOTHAL BACTERIOPHAGE F23-45. J MOL BIOL. 2011, 405 125-142. BROWN WRA, LITTLE, ROSA C, JAMES S, ROBERTS I, ROBERT V, JOLLY N, TANGW, BAUMANN P, GREEN, SCHLEGEL K, YOUNG J, HERCHAULD F, LEEN S, THOMAS G, BLOMBERS A, WARRINGER J. A GEOGRAPHICALLY DIVERSE COLLECTION OF SCHLEGOSACCHAROMY CES POME ISOLATES SHOWS LIMITED PHENOTYPY CVARIATION BUT EXTENSIVE KARRY OTYP CD DIVERSITY CS GENES, GENOMES, GENETICS 2011, 615-626. CAPOTOSTIF, GUERNIERS S, LAMMERS F, WARRIDE P, CALIY, JIN J, CONAWAY JW, CONAWAY RC, HERR W. C-QLICHAC TRANSFERAS CATALYZES SITES SPECIFIC PROTECLYSIS OF HOE: 10LL 2011, 141 376-382 CASTRANOVA D, LAWYON A, LAWRENGE C, BALMMAN DP, BEST J, COSCOLLA J, DOHERTY A, RAMOS J, HAKKESTEED, JWANG C, WISON C, MALEY J, WEINSTEIN BM THE EFFECTO OF STOCKING DEPISTIES ON REPRODUCTIVE PERFORMANCE IN LABORATORY ZEBRAPSH (DANIO RERO). ZEBRAPSH 2011.8 141-146 CHARLES C, HOVCRAKOVA M, AHNY L, LYONS DB, MARANGONI P, CHURAVAS, SIEHS B, JEDON, A, LESOT H, JUN J, LONGAKOVA M, AHNY L, LYONS DB, MARANGONI P, CHURAVAS, SIEHS B, JEDON, A, LESOT H, JUN J, CONSCRIVED OF STOCKING DEPISTIES ON REPRODUCTIVE PERFORMANCE IN LABORATORY ZEBRAPSH (DANIO RERO). ZEBRAPSH 2011.8 141-146 CHARLES C, HOVCRAKOVA M, AHNY L, LYONS DB, MARANGONI P, CHURAVAS, SIEHS B, JEDON, A, LESOT H, JUN J, JUN J, CONSCRIVED OF STOCKING DEPISTICS ON REPRODUCTIVE PERFORMANC |

| ldentifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | | HAO Y, XU N, BOX A, SCHAEFER L, KANNAN K, ZHANG Y, FLORENS L, SEIDEL C, WASHBURN M, WIEGRAEBE W, MAK HY NUCLEAR COMP-DEPENDENT KINASE REGULATES GENE EXPRESSION VM A CITIVITY-DEPENDENT RECRUITIMENT OF A CONSERVED HISTORD EPACETYL LASE COMPLEX PLOS GENET 2011, 75 E1002005 HARALALKA S, SHELTON C, CARTWRIGHT HN, KATZFEY E, JANZEN E, ABMAYR SM ASYMMETRIC MBC, ACTIVE RACI AND F-ACTIVE TOOL IN THE FLISION-COMPETENT MY OBLASTS DURING MY OBLAST SIDING NO ROSOPHILA DEVELOPMENT 2011, 381 F151 - 1562 HE Q, BARDET AF, PATTON B, RURY MY OBLAST SIDING AND EVIDENCE FOR COMBINATORIAL REGULATION ACROSS IX DROSOPHILA SECRET 2011, 43 414-420 HOCH-BISER H, ARONOW BJ, ARTINGER K, BEATY TH, BRINKLEY JF, CHALY, CLOUTHIER D, CUNNINGHAM ML, DIXON M, DONAHUE LR, FRASER SE, HALLGRIMSSON B, WATA J, KLEN Q, MARAZITA ML, MURRAY S, DE VILLENA FP, POSTELTHWAIT J, POTTERS, SHAPRO L, SPRITZ R, VISEL A, WEINBERGS SM TRAINOR PA THE FACEBASE CONSORTIUM A COMPREHENSIVE PROGRAM TO FACILITATE CRANOFACIAL RESEARCH DEV BIOL 2011, 355 175-182 PRECKA K, HAO C, GERSZEWSKA M, SWANSON SK, KESK-BRODACKA M, SRYAASTAVA S, FLORENS L, WASHBURN MP, SKOWRONSKI J VPX RELIEVES INHIBITION OF HIV-1 INFECTION OF MACROPHAGES MEDIATED BY THE SAMHOH PROTEIN NATURE 2011, 75 1047-105 URB AND SCHOLAR SERVICE FROM THE ACHIVATIVE AND THE ACHIVATIVE BY THE ACHIVATIVE METHOD ON THE PRODUCT OF THE YEAR OF THE |

| Identifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | | MOHAN M, HERZ HM, SMITH ER, ZHANG Y, JACKSON J, WASHBURN MP, FLORENS L, EISSENBERG JC, SHILATIFARDA THE COMPASS FAMILY OF HOK4 METHYLASES IN DROSOPHILA MOL CELL BIOL. 2011;31 4310-4318 MOSLEY AL, SARDIU ME, PATTENDEN SG, WORKMAN JL, FLORENS L, WASHBURN MP HIGHLY REPRODUCIBLE LABBL FREE QUANTITATIVE PROTEOMIC ANALYSIS OF RIVA POLYMERASE COMPLEXES MOL CELL RROTEOMICS. 2011;10 M10 1000867 PARRISH MU, MURIPLI J, KRUMLAUF R BAC MOOFICATION THROUGH SERIAL OR SIMULTANEOUS USE OF CREILOX TECHNOLOGY. J BIOMED BIOTECHNOL. 2011;2011 924068 PERRY JM, HEX, SUGIMURA R, GRINDLY JC, HAUG JS, DING S, LLL COOFERATION BETWEEN BOTH WINTIGETA). CATENIN AND PTEMPRISHAS ISGINALING PROMOTES PRINTIFVE HEMATOPOLIC STEM CELL SELF-RENEWAL AND EXPANSION GENES DEV. 2011;25 1928-1942. PONTS N, SARAF A, CHUNG DW, HARRIS A, PRUDHOMME J, WASHBURN MP. FLORENS L, LE ROCH KG UNFAVELING THE LUBIQUITIONE OF THE HUMMA MALARIA PARASITE. J BIOL. CHEM. 2011;26 403324-40330. POTAPOVA TA, SWAKLIMAR S, FLYNN JN, LIR GORBSKY GJ. MITOTIC. PROGRESSION BECOMES IRREVERSBLE IN PROMETAPHASE AND COLLAPSES WHEN WEET AND CDC25 ARE INHBITED MOL. BIOL. CELL. 2011;2: 1191-1208 RBIMBOLTSKA E, ELKOURIS M, ILLIANELLA A, ANDONIADOU CL, POULOU M, MITSIADIS TA, TRAINOR PA, LOVELL-BADGER. FLEXBILITY OF NEURAL STEM CELLS. FRONT PHYSIOL. 2011;2: 16 PHILID N. CHEN Z, YASSOL M, THOMPSON DA, HAAS BJ. HABBIN, KAPINSKI, KOY S, LIN MF, HEIMAND L, YOUNG SK, FURLY A K, GUO Y, PDOLUX A, CHEN HM, ROBBETTSE B, GOLDEFEG JM, AOKI K, BAYNE BH, BERLIN AM, DESJARONIS CA, DOBBS E, DUKAJ L, FANL, ETTGERBALD MB, REPROH C, GUIJA S, HANSEN K, KEFEN-HEIM D, LEVIN JZ, MOSHER RA, MULLER CA, FIFFINER J, PREST M, RUSS C, SMALOWSKA A, SWOBOD A, SY KESS SM, VALGHM M, VENSTON DA, JEAST S, VEUER R, ZBIO Q, ALLISHRER, BAULCOMBE D, BRREN H, GUIJA S, AND SHANG M, SHARIBAND SCA, DOBBS E, DUKAJ L, FANL, ETTGERBALD MB, FRENCH C, GUIJA S, HANSEN K, KEFEN-HEIM D, LEVIN JZ, MOSHER RA, MULLER CA, FIFFINER J, PREST M, RUSS C, SMALOWSKA A, SWOBOD A, SY KESS SM, VALGHM M, VENSTON SA, VOCER R, ZBIO Q, ALLISHER, BAULCOMBE |

| Identifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | | WEAKE VM, DYER JO, SEIDEL C, BOX A, SWANSON SK, PEAK A, FLORENS L, WASHBURN MP, ABMAYR SM, WORKMAN JL. POST-TRANSCRIPTION INTIATION PUNCTION OF THE UBBUILDUS SAGA COMPLEX IN TISSUE. SPECIFIC GENE ACTIVATION GENES DEV 2011;25 1499-1509 WILKE GS, KORFALIN, SWANSON SK, MALIK P, SRSEN V, BATRAKOU DG, DE LAS HERAS J, ZULEGER N, KERR AR, FLORENS L, SCHRIWER EC, SEVERAL NOVEL. NUCLEAR ENVELOPE TRANSMEMBRANE PROTIENS DENTIFIED IN SKELETAL MUSCLE HAVE CYTOSKELETAL ASSOCIATIONS MOL CELL PROTEOMICS 2011;10 M10 1003129 WOOD C, HUFF J, MARSHALL W, YUE Q, LURCH J, SLAUGHTER B, WEGRAEBEW FLUORESCENCE CORRELATION SPECTROSCOPY AS TOOL FOR HIGH-ONTENT-SCREENING IN YEAST (HCS-FCS). PROC SPIE, 2011, 7905, 79050H XU XP. ROULLER T, SLAUGHTER BD, EGLE C, KIME UNRUH JR, FAN X, POLLARD TD, LIR HANBIN D, VOLKMANN N TREE-DIMENSIONAL RECONSTRUCTIONS OF ARP23 COMPLEX WITH BOUND NUCLEATION PROMOTING FACTORS BMBO J 2012, 31 236-247 Y IK, UNRUH JR DENG M, SLAUGHTER BD, RUBINSTEIN B, LIR DYNAMIC MAINTENANCE OF ASYMMETRIC MEDITIC SPINDLE POSITION THROUGH ARP2/3-COMPLEX-DRIVEN CYTOR-ASMIC STREAMING IN MOUSE OOCYTES NAT CELL BIOL 2011; 31 2552-1258 YU Y, SRINIVASAN M, NAKANISHI S, LEATHERWOOD J, SHLATIFARD A, STERNGLANZ R A CONSERVED PATCH NEAR THE C TERMINUS OF HISTONEH IS REQUIRED FOR GENOME STABILITY IN BUDDING YEAST MOL CELL BIOL 2011; 13 2311-2325 ZHOU C, SLAUGHTER BD, UNRUH JR, ELDAKAKA, R, LBINSTEIN B, LIR MTHILTY AND SEGREGATION OF HSPI04-ASSOCIATED PROTEIN AGGREGATES IN BUDDING YEAST CELL 2011; 147 1186-1196 ZHU HH, JIK, ALDERSON N, HE Z, LI S, LIUW, ZHANG DE, LIL, FENG GS KIT-SHPZ-KIT SIGNALING ACTS TO MAINTAIN A FUNCTIONAL HEMATOPOETIC STEM AND PROGESITIOR CELL POOL BLOOD 2011; 117 5305-361 REVIEWS, COMMENTARIES OR CHAPTERS BRY AN TIM, BALMANN P, G-QUIADRUPLEXES FROM GUANINE GELS TO CHEMOTHER POLVING HEMATOPOETIC STEM AND PROGESITIOR CELL POOL BLOOD 2011; 117 5305-361 REVIEWS, COMMENTARIES OR CHAPTERS BRY AN TIM, BALMANN P, G-QUIADRUPLEXES FROM GUANINE GELS FOR CHAPTER POLVING WAS AND SCHOLED FOR SEPTEMBLAND FOR SEPTEMBLAND FOR POLVING |

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| FORM 990, PART III, LINE 4 CONT | | LIN CH, WORKMAN JL SUPPRESSION OF CRYPTIC INTRAGENIC TRANSCRIPTS IS REQUIRED FOR EMBRYONIC STEM CELL SELF-RENEWAL EMBO J 2011, 30 1420-1421 MA L, HAGA-YAMANAKA S, YU Q-E, QIU Q, KIM S, YU CR IMAGING NEURONAL RESPONSES IN SLICE PREPARATIONS OF VOMERONASAL ORGAN EXPRESSING A GENETICALLY BNCODED CALCIUM SENSOR J VIS EXP 2011,58 MUSHEGIAN A, CONAWAY JW. THEMATIC MINIREVIEW SERIES ON COMPUTATIONAL SYSTEMS BIOLOGY J BIOL CHEM 2011,286 23621-23622 NEAVES WB, BAUMANN P UNISEXUAL REPRODUCTION AMONG VERTEBRATES TRENDS GENET 2011,27 81-88 RAMSETTY SR, WASHBURN MP UNRAVELING THE DYNAMICS OF PROTEIN INTERACTIONS WITH QUANTITATIVE MASS SPECTROMETRY CRIT REV BIOCHEM MOL BIOL 2011,46 216-228 SARDIU ME, WASHBURN MP BUILDING PROTEIN-PROTEIN INTERACTION NETWORKS WITH PROTEOMICS AND INFORMATICS TOOLS J BIOL CHEM 2011,286 23645-23651 SARDIU ME, WASHBURN MP CONSTRUCTION OF PROTEIN INTERACTION NETWORKS BASED ON THE LABEL-FREE QUANTITATIVE PROTEOMICS METHODS MOL BIOL 2011,781 71-85 SHIVARAJU M, GERTON GL. THE DYNAMICS OF THE CSE4 CHAPPRONE SCMS CELL CYCLE 2011,10 3369-3378 SUGIMURA R, LI L BONE METASTASIS TARGETS THE ENDOSTEAL HEMATOPOIETIC STEM CELL NICHE IBMS BONEKEY 2011,8 381-384 STRIZZI L, HARDY KM, SEFTOR EA, MARGARYAN NV, KIRSCHMANN DA, KIRSAMMER GT, BAILEY CM, KASEMEIER-KULESA JC, KULESA PM, SEFTOR REB, HENDRIX MUC LESSONS FROM EMBYOGENESIS IN A BOSSERHOFF, ED MELANOMA DEVELOPMENT - MOLECULAR BIOLOGY, GENETICS AND CLINICAL APPLICATIONS SPRINGER-VERLAGWIEN, 2011 281-296 SLAUGHTER BD, UNRUH JR, LI R FLUORESCENCE FLUCTUATION SPECTROSCOPY AND IMAGING METHODS FOR EXAMINATION OF DYNAMIC PROTEIN INTERACTIONS ON FROM EMBY OGENESIS IN MORKMAN JL. SIGNALING THROUGH CHROMATIN SETTING THE SCENE AT KINETOCHORES CELL 2011,146 671-672 SUGANLING THROUGH CHROMATIN SETTING THE SCENE AT KINETOCHORES CELL 2011,146 671-672 SUGANLING THROUGH CHROMATIN SETTING THE SCENE AT KINETOCHORES CELL 2011,146 671-672 SUGANLING THROUGH CHROMATIN SETTING THE SCENE AT KINETOCHORES CELL 2011,146 671-672 SUGANLING THROUGH CHROMATIN SETTING THE SCENE AT KINETOCHORE |

| Identifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | COMPETITIVE RESEARCH GRANT FUNDING & RESEARCH AWARDS & DISTINCTIONS | THE ABILITY OF STOWERS INSTITUTE SCIENTISTS TO RECEIVE INCREASING NUMBERS OF COMPETITIVELY AWARDED RESEARCH GRANTS ATTESTS TO THE HIGH LEVEL OF RESEARCH PRODUCTIVITY PRESENT AT THE INSTITUTE DURING 2011, STOWERS SCIENTISTS WORKED WITH THE SUPPORT OF 24 GRANTS AND FELLOWSHIPS FROM THE NATIONAL INSTITUTES OF HEALTH, FOUR GRANTS AND FELLOWSHIPS FROM THE AMERICAN CANCER SOCIETY, ONE AWARD FROM ALEYS LEMONADE STAND FOUNDATION, ONE FELLOWSHIP FROM THE LEUKEMIA AND LYMPHOMA SOCIETY, ONE FELLOWSHIP FROM THE AMERICAN HEART ASSOCIATION, ONE FELLOWSHIP FROM THE AMERICAN ASSOCIATION OF ANATOMISTS, ONE FELLOWSHIP FROM THE LEUKEMIA AND LYMPHOMA SOCIETY, ONE FELLOWSHIP FROM THE DAMON RUNYON CANCER RESEARCH FOUNDATION, ONE AWARD FROM THE MCKNIGHT FOUNDATION, ONE AWARD FROM THE ELLISON MEDICAL FOUNDATION, ONE GRANT FROM THE GREATER KANSAS CITY COMMUNITY FOUNDATION, ONE HOLDON PRIZE FROM THE ME AND EVEL YN HUDSON FOUNDATION ONE AWARD FROM THE KANSAS CITY AREA LIFE SCIENCES INSTITUTE, ONE MARCH OF DIMES AWARD, ONE AWARD FROM THE KANSAS CITY AREA LIFE SCIENCES INSTITUTE, ONE MARCH OF DIMES AWARD, ONE AWARD FROM THE MIDWEST CANCER ALLIANCE, ONE PEW SOCHOLAR AWARD, ONE AWARD FROM THE DIRROUGHS WELLCOME FUND, TWO INVESTIGATOR AWARDS FROM THE BOWARD HOLD WIS THE INSTITUTE AND ONE FELLOWSHIP FROM THE JANE COFFIN CHILDS MEMORIAL FUND WITH NEW AND RECURRING GRANT SUPPORT, THE INSTITUTE IS RECEIVING MORE THAN \$7 MILLION A YEAR IN RESEARCH FUNDING TO SUPPLEMENT THE INSTITUTE ARE THE AWARDS AND HONORS INSTITUTE SCIENTISTS RECEIVEDNIX TAKING PLACE AT THE INSTITUTE ARE THE AWARDS AND HONORS INSTITUTE SCIENTISTS RECEIVEDNIX TAKING PLACE AT THE INSTITUTE ARE THE AWARDS AND HONORS INSTITUTE SCIENTISTS RECEIVEDNIX TAKING PLACE AT THE INSTITUTE FOR THE HIGH AWARDS AND HONORS INSTITUTE SCIENTISTS RECEIVED AND THE MORE AWARD TO THE INSTITUTE. FETCHIVE IN JULIE - JAME DY SP. PH D. POSTDOCTORAL RESEARCH ASSOCIATE IN THE SHOP THE INSTITUTE SOFT HEALTH, EFFECTIVE IN JULY - WATT GIBSON PHD. ASSOCIATE IN THE SHOP THE INSTITUTE OF HEALTH, EFFECTIVE IN JULY |

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| Identifier | Return Reference | Explanation |
| FORM 990, PART III, LINE 4 CONT | COOPERATION AGREEMENTS AND COLLABORATIONS | THE STOWERS INSTITUTE CONTINUED COLLABORATIONS IN 2011 WITH HOSPITALS IN KANSAS CITY (CHIL DREN'S MERCY, AND ST LUKES) AND BOSTON (MASSACHUSETTS GENERAL HOSPITAL BRICHAM AND WOMEN'S HOSPITAL) AND ADDED NEW COLLABORATIONS IN NEW YORK CITY (IMBIORAL SLOAN) KETTERING CANCER CENTER), CONTINUATION (HUBBIORAL SLOAN) KETTERING CANCER CENTER), SONDAIL (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), SEATTLE (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), MAS STOCKHOLM, SWEEDI (KARROLINSKA UNIVERSITY HOSPITAL) THE INSTITUTE ALSO COLLABORATES WITH THE UNIVERSITY OF MISSOURI AT KANSAS CITY AND COLUMBA, THE UNIVERSITY OF KANSAS MEDICAL CENTER, THE HOWARD HUGHES MEDICAL INSTITUTE HARVARD UNIVER SITY, HARVARD MEDICAL SCHOOL THE CASE SCHOOL OF MEDICINE DUKE UNIVERSITY SCHOOL OF MEDICINE, PRINTS LULA MEDICAL SCHOOL THE CASE SCHOOL OF MEDICINE DUKE UNIVERSITY SCHOOL OF MEDICINE, STAN-PORT JUWERSITY, MAYO MEDICAL SCHOOL THE NEW YORK SCHOOL OF MEDICINE, PRINTS LULA MEDICAL SCHOOL LIVERSITY OF EXETER AND PLYMOUTH, ST LOUIS UNIVERSITY SCHOOL OF MEDICINE, STAN-PORD INVESTITY, THE UNIVERSITY OF CALLFORNIA, LOS ANSELES AND SAN FRANCISCO, THE UNIVERSITY OF COLLORADO SCHOOL OF MEDICINE. THE UNIVERSITY OF COLLORADO AT BOULDER THE UNIVERSITY OF COLLORADO SCHOOL OF MEDICINE. THE UNIVERSITY OF POLICARADO SCHOOL OF MEDICINE THE UNIVERSITY OF POLICARADO MEDICAL SCHOOL, UNIVERSITY OF TEXAS SOUTH-MESTERS IN MEDICAL SCHOOL, THE UNIVERSITY OF NEBRASKA MEDICAL CONTINUES AND WERSON OF THE UNIVERSITY OF VIRGINIA MEDICAL SCHOOL, UNIVERSITY OF TEXAS SOUTH-MESTERS MEDICAL SCHOOL, THE UNIVERSITY OF TEXAS SOUTH-MESTERS AND TEXAS SCHOOL OF MEDICINE AND WARKWOK MEDICAL SCHOOL, MEDICAL SCHOOL, UNIVERSITY OF TEXAS SOUTH-MESTER AND RESEARCH CONTINUES AND MESSACHUSE TO SHAD THE VIRGINIAN OF THE UNIVERSITY OF VIRGINIA MEDICAL SCHOOL, UNIVERSITY OF TEXAS SOUTH-MESTERS AND TESAS AND RESEARCH SCHOOL AND FAMILY RESPONSED TO THE VIRGINIAN OF TH |

| ldentifier | Return Reference | Explanation |
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| | COOPERATION AGREEMENTS AND COLLABORATIONS | NGTON, UNIVERSITY OF WASHINGTON SEATTLE, UNIVERSITY OF WATERLOO, UNIVERZITA KARLOVA V PRAZ E, WASHINGTON UNIVERSITY, YONSEI UNIVERSITY, ZHEJIANG UNIVERSITY |

| Identifier Return Explanation | |
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| INDEPENDENT INDEPNDENT INDEPNDEN | D LA S RT M HE R G D C T, J O A N T HE A TUTAL TE CHATY OF THE R G C T, J O A N T T T T T T T T T T T T T T T T T T |

| ldentifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | INDEPENDENT RESEARCH PROGRAM LEADERS | MA SOCIETY CAREER DEVELOPMENT AWARD DR JASPERSEN HOLDS A PH D IN BIOCHEMISTRY FROM THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCO RESEARCH FOCUS INNER NUCLEAR MEMBRANE PROTEIN LOC ALIZATION AND ROLE IN CHROMOSOME POSITIONING AND SEGREGATION - LINHENG LI, PH D, INVESTIG ATOR, JOINED THE STOWERS INSTITUTE IN 2000 FROM THE UNIVERSITY OF WASHINGTON MEDICAL CENTER WHERE HE HELD A FACULTY APPOINTMENT AFTER COMPLETING POSTDOCTORAL TRAINING IN THE LABORA TORY DIRECTED BY DR LEROY HOOD DR LI EARNED HIS PH D IN MOLECULAR AND CELLULAR BIOLOGY FROM NEW YORK UNIVERSITY MEDICAL SCHOOL UNDER THE MENTORING OF DR EDWARD ZIFF RESEARCH FOCUS INVESTIGATION OF MOLECULAR AND GENETIC PATHWAYS CONTROLLING ADULT STEM CELL DEVELOP MENT IN THE HEMATOPOIETIC AND INTESTINAL SYSTEMS USING TRANSGENIC AND GENE TARGETING ANIMA L MODEL APPROACHES |

| ldentifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | | RONG LI, PHID, INVESTIGATOR, JOINED THE STOWERS INSTITUTE IN 2005 FROM THE DEPARTMENT OF CELL BIOLOGY AT HARYARD MEDICAL, SCHOOL WHERE SHE SERVED AS AN ASSOCIATE PROFESSOR SHEE ARRED A PH OI NOEL BIOLOGY AT THE LINNVESTITY OF CALLFORNA, SAN FRANCISCO WITH DR. ANDREW MURRAY AND HELD A DAMON RINY ON WALTER WHO-FELL CANCER RESEARCH FELLOWSHIP AS A POSTDOCTO RAL ASSOCIATE WITH DR. DAY DI DRUBINAT THE LINNVESTITY OF CALLFORNA, BERKELEY RESEARCH FOL SI MECHANISM OF CELL POLARZATION AND CELL MOTHLITY, CHOME DYNAMICS AND CELLLAR EVOLVAB LITY, AND ETHHELIAL TISSUE MORPHOGRESIS - HO YI MAR, HID, ASSISTANT INVESTIGATOR, JOINED THE STOWERS INSTITUTE NOOS FROM A HUMAN FRONTER SCENCE PROGRAM DO LILLAR EVOLVAB LITY, AND ETHHELIAL TISSUE MORPHOGRESIS - HO YI MAR, HID, ASSISTANT INVESTIGATOR, JOINED THE THE LABORATORY OF DR. GARY RUVKUN AT HARVARD MEDICAL SCHOOL. OR MAK RECEIVED A PH DI N MOLECULAR PATHOLOGY FROM THE IMPERIAL CANCER RESEARCH FILLOD AND INVESTIGATOR, JOINED THE ON THE LINNEY CONTINUE THAT AND THE PROFILE STOMERS INSTITUTE IN 2011 FROM THE LINNVESTIGATOR. JOINED THE STOWERS INSTITUTE IN 2011 FROM THE LINNVESTIGATOR JOINED THE STOWERS INSTITUTE IN 2011 FROM THE LINNVESTICY OF UTAHS SCHOOL OF MEDICINE, WHERE SHE WAS AN ASSOCIATE PROFESSOR IN THE DEPARTMENT OF PRURADICOGY A NO ANATOMY SHE RECEIVED HER MASTER'S DEGREE PROM THE LINNVESSITY OF UTAHS SCHOOL OF MEDICINE, WHERE SHE WAS AN ASSOCIATE PROFESSOR IN THE DEPARTMENT OF PRURADICOGY A NO ANATOMY SHE RECEIVED HER MASTER'S DEGREE PROM THE LINNVESSITY OF UTAHS SCHOOL OF THE SHOOL OF AND THE MASTER'S DEGREE PROM THE LINNVESSITY OF UTAHS SCHOOL OF AN ANATOMY SHE RECEIVED A MASSOCIATE PROFESSOR IN THE DEPARTMENT OF PRURADICOGY AND ANATOMY. SESERAFISH AS A MODEL SYSTEM - ALEJANDRO SNCHEZ ALVARADO, HID, IN VESTIGATOR, JOINED THE STOWER'S INSTITUTE NOOTH FROM THE UNIVERSITY OF OUTAHS SCHOOL OF MEDICINE WHERE HE HELD THE HA BESHARD HAS BENNING PROFESSOR IN FOR BLEADARD SNCHEZ ALVARADO, HID, IN VESTIGATOR, JOINED THE STOWER'S BUSHINGS PROFESSOR OF DEGREE ROW THE UNIVERSITY |

| ldentifier | Return Reference | Explanation |
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| FORM 990, PART III, LINE 4 CONT | | NSTITUTE OF MENTAL HEALTH DR YU EARNED HIS PH D IN MOLECULAR, CELLULAR, AND BIOPHYSICAL STUDIES AT COLUMBIA UNIVERSITY RESEARCH FOCUS HOW OLFACTORY SENSORY INFORMATION IS DETE CTED, INTEGRATED, AND PROCESSED IN THE BRAIN TO INFLUENCE SPECIFIC INNATE BEHAVIORS - JULI A ZEITLINGER, PH D, ASSISTANT INVESTIGATOR, JOINED THE STOWERS INSTITUTE IN 2007 FROM THE LAB OF DR RICHARD YOUNG AT THE WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH AT MASSACHUSE TTS INSTITUTE OF TECHNOLOGY WHERE SHE WAS THE RECIPIENT OF A LONG-TERM POSTDOCTORAL FELLOW SHIP FROM THE HUMAN FRONTIER SCIENCE PROGRAM DR ZEITLINGER EARNED A PH D IN MOLECULAR B IOLOGY FROM THE EUROPEAN MOLECULAR BIOLOGY LABORATORY IN HEIDELBERG, GERMANY RESEARCH FOC US ANALYSIS OF THE GENE REGULATORY NETWORKS UNDERLYING CELLULAR DIFFERENTIATION |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| FORM 990, PART III, LINE 4 CONT | | TECHNOLOGY CENTERS - PAUL KULESA, PH D , DIRECTOR OF IMAGING, JOINED THE STOWERS INSTITUTE IN 2002 AFTER COMPLETING A BURROUGHS WELLCOME FUND POSTDOCTORAL FELLOWSHIP IN THE LABORATORY OF DR SCOTT E FRASER AT THE CALIFORNIA INSTITUTE OF TECHNOLOGY DR KULESA RECEIVED A PH D IN APPLIED MATHEMATICS UNDER DR J D MURRAY AT THE UNIVERSITY OF WASHINGTON RESEARCH FOCUS CELL MIGRATION IN DEVELOPMENT AND CANCER - ARCADY MUSHEGIAN, PH D , DIRECTOR OF BIOINFORMATICS RESEARCH, JOINED THE STOWERS INSTITUTE IN 2001 FROM AKKADIX CORPORATION IN SAN DIEGO WHERE HE LED THE BIOINFORMATICS PROGRAM DR MUSHEGIAN EARNED A DOCTORATE IN MOLECULAR BIOLOGY AT MOSCOW STATE UNIVERSITY AND RECEIVED TRAINING AT THE UNIVERSITY OF KENTUCKY, UNIVERSITY OF WASHINGTON, AND WITH DR EUGENE KOONIN AT THE NATIONAL CENTER FOR BIOTECHNOLOGY INFORMATION AT THE US NATIONAL INSTITUTES OF HEALTH RESEARCH FOCUS COMPUTATIONAL ANALYSIS OF GENES AND PROTEINS - MICHAEL WASHBURN, PH D , DIRECTOR OF PROTEOMICS, JOINED THE STOWERS INSTITUTE IN 2003 FROM THE TORREY MESA RESEARCH INSTITUTE IN SAN DIEGO WHERE HE WAS A SENIOR STAFF SCIENTIST IN PROTEOMICS HE EARNED A PH D IN BIOCHEMISTRY AND ENVIRONMENTAL TOXICOLOGY FROM MICHIGAN STATE UNIVERSITY BEFORE COMPLETING A POSTDOCTORAL FELLOWSHIP WITH PROFESSOR JOHN YATES, III IN THE DEPARTMENT OF MOLECULAR BIOTECHNOLOGY AT THE UNIVERSITY OF WASHINGTON RESEARCH FOCUS QUANTITATIVE PROTEOMICS AND PROTEIN COMPLEX DYNAMICS |

| ldentifier | Return Reference | Explanation |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JAMES E STOWERS JR TITLE DIRECTOR HOURS 4 |

| ldentifier | Return Reference | Explanation |
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| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DAVID A WELTE TITLE DIRECTOR/SECRETARY HOURS 46 |

| ldentifier | Return Reference | Explanation |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME RODERICK L STURGEON TITLE DIRECTOR HOURS 48 |

| ldentifier | Return Reference | Explanation |
|--|----------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME WILLIAM B NEAVES TITLE DIRECTOR/PRESIDENT EMERITUS HOURS 6 |

| ldentifier | Return Reference | Explanation | |
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| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DAVID M CHAO TITLE DIRECTOR/PRESIDENT/CEO HOURS 4 | l |

| ldentifier | Return Reference | Explanation |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMERICHARD W BROWN TITLE DIRECTOR/CHAIR HOURS 48 |

| ldentifier | Return Reference | Explanation |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME ROBERT E KRUMLAUF TITLE SCIENTIFIC DIRECTOR HOURS 2 |

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

DLN: 93493223008292

Related Organizations and Unrelated Partnerships

2011

Open to Public Inspection

Schedule R (Form 990) 2011

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

► 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.

| Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH | | | | | | Employer ide | ntification number | | |
|--|---------|--------------------------------|---|----------------------------|--|--------------|--|------------------------------|-------------------|
| STOWERS INSTITUTE FOR PIEDICAL RESEARCH | | | | | | 20-299350 | e | | |
| Part I Identification of Disregarded Entities (Co | nplete | e if the organizatio | n answered "Yes" | on Form 990, Pa | rt 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 | (e) End-of-year assets | | (f) Direct controlling entity | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations during | | | f the organization | answered "Yes" (| on Fo | orm 990, Pa | rt IV, line 34 becaus | e it had | one |
| (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 | Section 5: conti organ | 12(b)(1 rolled |
| (1) STOWERS SCIENTIFIC EDUCATION INSTITUTE | | | | | <u> </u> | | | Yes | No |
| 1000 EAST 50TH STREET | SUP | PORT ORG | DE | 501(C)(3) | 11A-TYPE I | | SIMR | Yes | |
| KANSAS CITY, MO 64110 20-5916445 | | | 51 | 002(0)(0) | | | | | |
| (2) STOWERS RESOURCE MANAGEMENTINC | | | | | | | | | |
| 1000 EAST 50TH STREET | SUP | PORT ORG | DE | 501(C)(3) | | 11A-TYPE | I SIMR | Yes | |
| KANSAS CITY, MO 64110 41-2186719 | | | | | | | | | |
| (3) BIOMED VALLEY CORPORATION | | | | | | | | | |
| 1000 EAST 50TH STREET | SUP | PORT ORG | DE | 501(C)(3) | | 11A-TYPE | I SIMR | Yes | |
| KANSAS CITY, MO 64110 74-3238244 | | | | | | | | | |
| (4) STOWERS REAL ESTATE HOLDING CORPORATION | | | | | | | | | |
| 1000 EAST 50TH STREET KANSAS CITY, MO 64110 | тп | E HOLDING | DE | 501(C)(2) | | N/A | SRM | | No |
| 26-1472230 | | | | | | | | <u> </u> | |
| (5) THE GRADUATE SCHOOL OF SIMR | | | | | | | | | |
| 1000 EAST 50TH STREET | EDU | ICATION | DE | 501(C)(3) | | : | SIMR | Yes | |
| KANSAS CITY, MO 64110 27-4482762 | | | | | | | | | |
| (6) STOWERS POLICY INSTITUTE INC | | | | | | | | | |
| 1000 EAST 50TH STREET | SEE | PART VII | DE | 501(C)(4) | | N/A | SIMR | Yes | |
| KANSAS CITY, MO 64110 20-3270502 | \perp | | | | | | | | |
| | | | | | | | | | |

Cat No 50135Y

| 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 Disprop allocat | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana partr | ral or iging | (k) Percentage ownership |
|---|--------------------------------|--|---|--|--|---|--------------------------|----------|---|-------------------------------------|-----------------|---------------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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 DISCOVERIESINC 4520 MAIN ST SUITE 1650 KANSAS CITY, MO 64111 06-1646533 | SEE PART VII | DE | BVC | C CORP | 0 | 0 | 0 % |
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(6)

| Part V Transactions With Related Organizations (Complete if the organization answered "Yes | " on Form 990, Par | t IV, line 34, 35, 3 | 5A, or 36.) | | | | | |
|---|---------------------------|----------------------|--------------------------|----------|------|--|--|--|
| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No | | | |
| $oldsymbol{1}$ During the tax year, did the organization engage in any of the following transactions with one or more related organization. | ızatıons lısted ın Parts | s II-IV? | | | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a | Yes | | | | |
| b Gift, grant, or capital contribution to related organization(s) | | | 1b | | No | | | |
| c Gift, grant, or capital contribution from related organization(s) | | | 1 c | Yes | | | | |
| Loans or loan guarantees to or for related organization(s) | | | | | | | | |
| e Loans or loan guarantees by related organization(s) | | | | | | | | |
| | | | | | | | | |
| f Sale of assets to related organization(s) | | | 1 f | | No | | | |
| g Purchase of assets from related organization(s) | | | 1 g | | No | | | |
| h Exchange of assets with related organization(s) | | | 1h | | No | | | |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | 1i | | No | | | |
| | | | | | | | | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | 1 j | Yes | | | | |
| k Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | |
| l Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | |
| n Sharing of paid employees with related organization(s) | | | 1n | Yes | | | | |
| | | | | | | | | |
| • Reimbursement paid to related organization(s) for expenses | | | 10 | Yes | | | | |
| p Reimbursement paid by related organization(s) for expenses | | | 1р | Yes | | | | |
| | | | | | | | | |
| q Other transfer of cash or property to related organization(s) | | | 1 q | | No | | | |
| r Other transfer of cash or property from related organization(s) | | | 1r | | No | | | |
| | | | | | | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in | cluding covered relati | onships and transact | ion thresholds | | | | | |
| (a) | (b) Transaction | (c) | (d) Method of determi | nına ama | ount | | | |
| Name of other organization | type(a-r) | Amount involved | involved | | | | | |
| 1) See Additional Data Table 2) | | | | | | | | |
| -, | | | | | | | | |
| 3) | | | | | | | | |
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| 4) | | | | | | | | |
| | | | | | | | | |
| 5) | | | | | | | | |
| | | | | | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | org | (e) Are all partners section 501(c)(3) janizations? | Share of end-of-year amount in total income assets 20 of Schedu | | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | x managing K-1 partner? | | (k) Percentage ownership |
|---|--------------------------------|---|---|-----|---|---|--|----------------------------------|----|---|----------------------------|----|---------------------------------------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2011

Part VII Supplemental Information

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

| Ident if ier | Return Reference | Explanation |
|---------------------------------|---------------------|--|
| PART II, LINE 5, COLUMN B | | STOWERS POLICY INSTITUTE INC ("SPI") IS AN ADVOCATE FOR A POLITICAL, ECONOMIC, AND SOCIAL ENVIRONMENT THAT ADVANCES AND PROTECTS BIOMEDICAL RESEARCH AND CURES PART IV, COLUMN B BIOMED VALLEY DISCOVERIES, INC 'S ("BVD") PRIMARY ACTIVITY IS DEVELOPMENT AND MARKETING OF SCIENTIFIC DISCOVERIES BIOMED VALLEY CORPORATION IS THE 100% SHAREHOLDER OF BVD |
| PART V, LINE 2 (1) | | SIMR RECEIVES ROYALTY PAYMENTS FROM BVD PURSUANT TO A LICENSED TECHONOLOGY AGREEMENT DATED JANUARY 29, 2006 THESE ROYALTY PAYMENTS DO NOT CONSTITUTE GROSS INCOME DERIVED FROM AN UNRELATED TRADE OR BUSINESS UNDER SECTION 512(B)(13) THE ROYALTY PAYMENTS FROM BVD TO SIMR DO NOT REDUCE BVD'S TAXABLE INCOME, WHICH WOULD HAVE BEEN UNRELATED BUSINESS TAXABLE INCOME IF BVD WERE EXEMPT UNDER SECTION 501(C)(3) AND HAD THE SAME EXEMPT PURPOSES AS SIMR IN ADDITION, THE SPECIAL RULE UNDER 512(B)(13)(E) APPLIES |
| PART V, LINE 2 (2) | | SIMR RECEIVED PAYMENTS FROM BVD IN RETURN FOR A TEMPORARY USE OF SPACE |
| PART V, LINE 2 (3) | | SSEI PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH AND SCIENCE EDUCATION ACTIVITIES |
| PART V, LINE 2 (4) | | BVC PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH |
| PART V, LINE 2 (5) | | SRM PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH |
| PART V, LINE 2 (6) | | IN MARCH 2009, SIMR ENTERED INTO A LEASE FOR A 280,000 SQUARE FEET BUILDING WITH STOWERS REAL ESTATE HOLDING CORPORATION ("SREHC"), A 501(C)(2) TAX EXEMPT ORGANIZATION THAT IS A RELATED PARTY OF SIMR SIMR'S LEASE PAYMENTS TO SREHC IN 2011 TOTALED \$2,230,551 |
| PART V, LINE 2 (7) | | SIMR REIMBURSED SRM FOR COSTS ASSOCIATED WITH SRM'S ADMINISTRATIVE AND SUPPORT SERVICES PROVIDED TO SIMR SRM IS A SUPPORTING ORGANIZATION TO SIMR |
| PART V, LINE 2 (8) | | SIMR WAS REIMBURSED BY BVD FOR ADMINISTRATIVE AND LOW MARGIN COVERED SERVICES USING THE SERVICE COST METHOD |
| PART V, LINE 2 (9) | | ALL OTHER TRANSACTIONS FOR LINE 1 WERE BETWEEN RELATED 501(C)(3) PUBLIC CHARITIES AND BELOW REPORTING THRESHOLDS |

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (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 501(c) (3)) | (f) Direct Controlling Entity | g Section 512 (b)(13) controlled organization | |
|---|--------------------------------|--|--------------------------------------|---|--------------------------------------|---|----|
| STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-5916445 | SUPPORT ORG | DE | 501(C) (3) | 11A-TYPE I | SIMR | Yes | |
| STOWERS RESOURCE MANAGEMENTINC 1000 EAST 50TH STREET KANSAS CITY, MO 64110 41-2186719 | SUPPORT ORG | DE | 501(C) (3) | 11A-TYPE I | SIMR | Yes | |
| BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET KANSAS CITY, MO 64110 74-3238244 | SUPPORT ORG | DE | 501(C) (3) | 11A-TYPE I | SIMR | Yes | |
| STOWERS REAL ESTATE HOLDING CORPORATION 1000 EAST 50TH STREET KANSAS CITY, MO 64110 26-1472230 | TITLE HOLDING | DE | 501(C) (2) | N/A | SRM | | No |
| THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET KANSAS CITY, MO 64110 27-4482762 | EDUCATION | DE | 501(C) (3) | 2 | SIMR | Yes | |
| STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-3270502 | SEE PART VII | DE | 501(C) (4) | N/A | SIMR | Yes | |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) A mount Involved (\$) | (d) Method of determining amount involved |
|-----|---|--|------------------------------------|---|
| (1) | BIOMED VALLEY DISCOVERIES INC | А | 347,249 | MARKET VALUE |
| (2) | BIOMED VALLEY DISCOVERIES INC | А | 10,014 | MARKET VALUE |
| (3) | STOWERS SCIENTIFIC EDUCATION INSTITUTE | С | 164,411 | COST REIMB |
| (4) | BIOMED VALLEY CORPORATION | С | 56,319 | MARKET VALUE |
| (5) | STOWERS RESOURCE MANAGEMENT INC | С | 49,507,601 | MARKET VALUE |
| (6) | STOWERS REAL ESTATE HOLDING CORP | J | 2,230,551 | MARKET VALUE |
| (7) | STOWERS RESOURCE MANAGEMENT INC | 0 | 16,876,712 | COST REIMB |
| (8) | BIOMED VALLEY DISCOVERIES INC | Р | 194,616 | COST REIMB |
| (9) | SEE PART VII FOR ADDITIONAL INFORMATION | | | |