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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 44-0545878	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MRIGlobal		E Telephone number (816) 753-7600
	Doing Business As		G Gross receipts \$ 128,439,490
	Number and street (or P O box if mail is not delivered to street address) 425 Volker Blvd	Room/suite	
	City or town, state or country, and ZIP + 4 Kansas City, MO 64110		
	F Name and address of principal officer THOMAS M SACK 425 Volker Blvd Kansas City, MO 64110		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: www.mriglobal.org		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1943	M State of legal domicile MO

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities USE SCIENCE AND TECHNOLOGY TO CREATE SOLUTIONS FOR A SAFER, HEALTHIER MORE SUSTAINABLE WORLD			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	690	
6 Total number of volunteers (estimate if necessary)	6	0		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		106,843	73,215
	9 Program service revenue (Part VIII, line 2g)		132,069,567	127,085,225
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		597,925	219,629
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,250	34,733
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		132,803,585	127,412,802
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		97,000	145,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		66,261,096	62,932,317
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		67,084,476	70,032,869
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		133,442,572	133,110,186
	19 Revenue less expenses Subtract line 18 from line 12		-638,987	-5,697,384
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		94,930,546	92,339,118
	21 Total liabilities (Part X, line 26)		52,068,490	55,439,220
	22 Net assets or fund balances Subtract line 21 from line 20		42,862,056	36,899,898

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2013-05-13 Date	
	Richard Thomas Fleener Senior VP & CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 1000 Walnut St Suite 1000 Kansas City, MO 64106			EIN
					Phone no (816) 802-5200

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

Part III

Statement of Program Service Accomplishments

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



















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1	Briefly describe the organization's mission				
NONE					
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
4a	(Code)	(Expenses \$ 68,216,970	including grants of \$	(Revenue \$ 82,736,102)	
National Security and Systems Integration (NSSI). The NSSI division is MRIGlobal's largest division that focuses research into the primary focus areas of National Security and Defense and Transportation. The NSSI division also supports program efforts in Energy & Environment. The largest client sector is the US government for which more than 95% of project work is performed specifically in areas of applied research and development and test and evaluation. NSSI's contract work is derived from the ability to work with highly regulated chemicals requiring high levels of oversight and certification. NSSI supports field focuses forensics analysis programs in support of chemical, biological, radiological, nuclear, and explosives (CBRNE) missions. NSSI conducts a number of systems engineering and integration programs that target the development of national security technologies that include mobile laboratory analytical systems, chemical containment systems, robotics systems, and chemical sensors. The programs in transportation safety are in direct support of the Federal Highway Administration. Energy & Environment Programs are conducted in collaboration with other MRIGlobal divisions and specifically address air quality and emissions, and technology assessments for both fossil and renewable energy sources.					
4b	(Code)	(Expenses \$ 15,253,408	including grants of \$	(Revenue \$ 17,218,845)	
Energy & Life Sciences (ELS). The ELS division focuses research and development in Biomass, Energy, Product Development, Repository Management, Pharmaceutical and Vaccine Development, and Agriculture and Food Safety. The largest client sector is the US government for which more than 75% of the work is conducted. ELS performs studies that target the development of therapeutics and vaccines under federally mandated preparedness programs and in support of the pharmaceutical industry. Energy programs are conducted in areas of biomass production including algae, soil stabilization and enrichment, alternative crop assessment and microbial enhanced oil recovery concepts. ELS conducts programs to assess agriculture products requiring registration under EPA's FIFRA requirements. ELS's largest clients are NIH sponsored programs for NIEHS and NCI. The focus of these research and development programs is chemical characterization, preparation of study articles and repository management to support toxicology and pre-clinical studies.					
4c	(Code)	(Expenses \$ 14,257,152	including grants of \$	(Revenue \$ 18,023,627)	
Mid-Atlantic Operations (MAO). The MAO division focuses on biosafety, biosurety and biosecurity programs and conducts monitoring and analysis programs for biological pathogens and supports test and evaluation of emerging biotechnologies and clinical diagnostics. The programs are conducted (more than 90%) for federal customers. The MAO provides staff and facilities that meet a number of federal requirements for safety and security and require significant interaction with federal sponsors on a routine basis. The biosafety and biosecurity programs are conducted for the DOD (United States Department of Defense)/Defense Threat Reduction Agencies BioThreat Reduction Program and Cooperative Bioengagement Program and are focused on improving laboratories and relationships in the former Soviet Union. The monitoring and analysis and test and evaluation programs provide support to the DOD, the Department of Homeland Security (DHS), and other government agencies.					
	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
MRIGlobal's other programs complement the					
	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
skills and resources with NSSI, ELS, and					
	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
MAO. The primary customer base is DOD,					
	(Code)	(Expenses \$ 10,474,276	including grants of \$ 145,000	(Revenue \$ 9,106,651)	
DHS, AND DOE					
4d	Other program services. (Describe in Schedule O)				
	(Expenses \$ 10,474,276	including grants of \$ 145,000	(Revenue \$ 9,106,651)		
4e	Total program service expenses \$ 108,201,806				

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors(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? If "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	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 V 	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	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	Yes
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	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	130			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	690			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? 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.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15	
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		No
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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

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

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

[illegible]

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	73,215				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		73,215				
Program Service Revenue	2a	RESEARCH CONTRACTS	Business Code 541700	127,085,225	127,085,225			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		127,085,225				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		227,621			227,621
4		Income from investment of tax-exempt bond proceeds . .		2,475			2,475	
5		Royalties		19,300			19,300	
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)		-10,467			-10,467
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . .		0				
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . .		0				
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code						
11a		MISCELLANEOUS	900099	15,433				15,433
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		15,433					
12	Total revenue. See Instructions		127,412,802	127,085,225	0		254,362	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	145,000	145,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
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	4,533,634	2,224,581	2,309,053	0
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	45,769,540	35,538,874	10,230,666	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,958,736	2,962,344	996,392	
9	Other employee benefits	5,328,546	4,000,231	1,328,315	
10	Payroll taxes	3,341,861	2,508,792	833,069	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	119,189	7,518	111,671	
c	Accounting	174,603		174,603	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	2,731,380	1,008,162	1,723,218	
12	Advertising and promotion	0			
13	Office expenses	2,689,265	1,221,783	1,467,482	
14	Information technology	307,527	175,095	132,432	
15	Royalties	0			
16	Occupancy	9,748,603	8,099,173	1,649,430	
17	Travel	559,914	336,794	223,120	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	209,774	117,695	92,079	
20	Interest	919,921	919,921		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,792,432	1,879,921	2,912,511	
23	Insurance	292,399	1,989	290,410	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT PROJECT COSTS	45,842,325	45,842,325		
b	PATENT	95,220	93,153	2,067	
c	CORPORATE EXPENSES	73,007	73,007		
d	UNALLOWABLE EXPENSES	355,437	38,831	316,606	
e					
f	All other expenses	1,121,873	1,006,617	115,256	
25	Total functional expenses. Add lines 1 through 24f	133,110,186	108,201,806	24,908,380	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			9,665,898	1	8,230,907
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			10,623,762	4	9,052,454
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			1,403,293	7	1,598,063
	8	Inventories for sale or use			387,304	8	348,774
	9	Prepaid expenses and deferred charges			1,357,164	9	833,641
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	90,265,945			
	b	Less accumulated depreciation	10b	45,430,998	46,471,815	10c	44,834,947
	11	Investments—publicly traded securities			5,412,295	11	5,469,477
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			109,720	13	501,016
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			19,499,295	15	21,469,839
	16	Total assets. Add lines 1 through 15 (must equal line 34)			94,930,546	16	92,339,118
Liabilities	17	Accounts payable and accrued expenses			13,247,188	17	16,127,154
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			19,993,126	20	19,967,397
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	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 D			18,828,176	25	19,344,669
	26	Total liabilities. Add lines 17 through 25			52,068,490	26	55,439,220
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			42,862,056	27	36,899,898
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			42,862,056	33	36,899,898
	34	Total liabilities and net assets/fund balances			94,930,546	34	92,339,118

Part XI Reconciliation of Net Assets

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	127,412,802
2	Total expenses (must equal Part IX, column (A), line 25)	2	133,110,186
3	Revenue less expenses Subtract line 2 from line 1	3	-5,697,384
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,862,056
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-264,774
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	36,899,898

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	242,209,909	68,621,830	173,601	106,843	73,215	311,185,398
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	80,194,864	84,248,509	111,869,400	132,069,567	127,085,225	535,467,565
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	322,404,773	152,870,339	112,043,001	132,176,410	127,158,440	846,652,963
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4,249					4,249
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	28,437,710	47,653,528	82,276,065	92,099,470	97,657,195	348,123,968
c Add lines 7a and 7b	28,441,959	47,653,528	82,276,065	92,099,470	97,657,195	348,128,217
8 Public Support (Subtract line 7c from line 6)						498,524,746

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	322,404,773	152,870,339	112,043,001	132,176,410	127,158,440	846,652,963
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,727,258	506,128	348,093	309,017	249,396	3,139,892
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,727,258	506,128	348,093	309,017	249,396	3,139,892
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	16,242	75,116	25,912	9,950	15,433	142,653
13 Total support (Add lines 9, 10c, 11 and 12)	324,148,273	153,451,583	112,417,006	132,495,377	127,423,269	849,935,508
14 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	58 654 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	71 141 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 369 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 388 %
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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

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

b Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

	Yes	No
3a(i)		
3a(ii)		
3b		

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,060,607		1,060,607
b Buildings		54,105,010	19,409,560	34,695,450
c Leasehold improvements		966,665	742,067	224,598
d Equipment		30,027,231	23,482,177	6,545,054
e Other		4,106,432	1,797,194	2,309,238
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				44,834,947

Schedule D (Form 990) 2011

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule D, Part X	FIN 48 FOOTNOTE	IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES-OVERALL, MRIGLOBAL 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. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. NO FINANCIAL REPORTING WAS NECESSARY DURING JUNE 30, 2012 AND 2011.

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Additional Data

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

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Science Pioneers - 30 W Pershing Ste 410Union Station Kansas City,MO 64108	44-0607132	501(c)(3)	45,000				Foster scientific education, innovation, and growth
(2) KC Area Life Sciences Institute1055 Broadway Suite 130 Kansas City,MO 64105	43-1889037	501(c)(3)	100,000				Foster scientific education, innovation, and growth

2

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

2

3

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

MRIGlobal

Employer identification number

44-0545878

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAN ARVIZU	(i) (ii)	428,796 0	161,774 0	6,479 0	113,038 0	28,635 0	738,722 0	0 0
(2) JOHN S STANLEY	(i) (ii)	249,789 0	70,000 0	2,536 0	122,475 0	20,232 0	465,032 0	0 0
(3) LINDA D EVANS	(i) (ii)	197,280 0	30,000 0	1,996 0	71,869 0	18,777 0	319,922 0	0 0
(4) LYLA PERRODIN	(i) (ii)	197,403 0	35,000 0	1,129 0	30,812 0	14,692 0	279,036 0	0 0
(5) MICHAEL F HELMSTETTER	(i) (ii)	479,716 0	320,000 0	1,661 0	98,517 0	29,754 0	929,648 0	0 0
(6) REACHEL A BEICHLEY	(i) (ii)	150,009 0	11,000 0	301 0	14,082 0	5,114 0	180,506 0	0 0
(7) RICHARD THOMAS FLEENER	(i) (ii)	259,438 0	65,000 0	1,282 0	24,701 0	13,422 0	363,843 0	0 0
(8) THOMAS M SACK	(i) (ii)	301,309 0	100,000 0	1,734 0	120,464 0	27,272 0	550,779 0	0 0
(9) GIULIANO RADOLOVICH	(i) (ii)	211,491 0	50,000 0	3,233 0	169,053 0	22,217 0	455,994 0	0 0
(10) MICHAEL J EHRET	(i) (ii)	215,487 0	18,000 0	703 0	29,375 0	21,156 0	284,721 0	0 0
(11) ROGER K HARRIS	(i) (ii)	199,679 0	16,000 0	1,168 0	67,593 0	18,244 0	302,684 0	0 0
(12) DALE A GARDNER	(i) (ii)	232,436 0	61,643 0	3,358 0	76,359 0	21,495 0	395,291 0	0 0
(13) DAVID A BROCKMAN	(i) (ii)	207,841 0	86,518 0	1,764 0	0 0	11,204 0	307,327 0	0 0
(14) JOANNE M HORN	(i) (ii)	195,258 0	11,298 0	35,682 0	4,418 0	6,674 0	253,330 0	0 0
(15) FRASER P WARD	(i) (ii)	259,552 0	3,893 0	6,155 0	16,274 0	7,398 0	293,272 0	0 0
(16) MICHAEL A PACHECO	(i) (ii)	221,656 0	57,625 0	1,548 0	66,336 0	29,559 0	376,724 0	0 0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
PART I, LINE 6A	QUESTIONS REGARDING COMPENSATION	THE ANNUAL NET INCOME OBJECTIVE IS APPROVED BY THE BOARD OF DIRECTORS. THE INCENTIVE COMPENSATION PARTICIPANTS ARE CATEGORIZED INTO GROUPS, WITH EACH GROUP CONTAINING A TARGET INCENTIVE PERCENTAGE RANGE. PARTICIPANTS' TARGET INCENTIVE IS A PERCENTAGE OF THEIR BASE PAY. PARTICIPANTS ARE ELIGIBLE TO RECEIVE 100% OF THEIR TARGET INCENTIVE COMPENSATION IF THE ANNUAL OPERATING INCOME OBJECTIVE IS ACHIEVED. HOWEVER, IF THE ANNUAL OPERATING INCOME OBJECTIVE IS NOT ACHIEVED BUT RESEARCH OPERATIONS REALIZES A POSITIVE OPERATING INCOME FOR THE YEAR, THE PARTICIPANTS WILL RECEIVE A PRO RATA PORTION OF THEIR TARGETED INCENTIVE. IF THE ANNUAL OPERATING INCOME OBJECTIVE IS EXCEEDED, PARTICIPANTS ARE ELIGIBLE TO RECEIVE INCENTIVE PAYMENTS RANGING FROM 1-2 TIMES THEIR TARGET INCENTIVE. THE TOTAL AMOUNT OF INCENTIVE COMPENSATION MAY NOT, IN ANY CASE, EXCEED 25% OF THE ACTUAL ANNUAL OPERATING INCOME. ONCE SENIOR MANAGEMENT HAS APPROVED THE INCENTIVE COMPENSATION PLAN, THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PLAN FOR ALL INCENTIVE ELIGIBLE EMPLOYEES.

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAN ARVIZU	(i) (ii)	428,796 0	161,774 0	6,479 0	113,038 0	28,635 0	738,722 0	0 0
JOHN S STANLEY	(i) (ii)	249,789 0	70,000 0	2,536 0	122,475 0	20,232 0	465,032 0	0 0
LINDA D EVANS	(i) (ii)	197,280 0	30,000 0	1,996 0	71,869 0	18,777 0	319,922 0	0 0
LYLA PERRODIN	(i) (ii)	197,403 0	35,000 0	1,129 0	30,812 0	14,692 0	279,036 0	0 0
MICHAEL F HELMSTETTER	(i) (ii)	479,716 0	320,000 0	1,661 0	98,517 0	29,754 0	929,648 0	0 0
REACHEL A BEICHLEY	(i) (ii)	150,009 0	11,000 0	301 0	14,082 0	5,114 0	180,506 0	0 0
RICHARD THOMAS FLEENER	(i) (ii)	259,438 0	65,000 0	1,282 0	24,701 0	13,422 0	363,843 0	0 0
THOMAS M SACK	(i) (ii)	301,309 0	100,000 0	1,734 0	120,464 0	27,272 0	550,779 0	0 0
GIULIANO RADOLOVICH	(i) (ii)	211,491 0	50,000 0	3,233 0	169,053 0	22,217 0	455,994 0	0 0
MICHAEL J EHRET	(i) (ii)	215,487 0	18,000 0	703 0	29,375 0	21,156 0	284,721 0	0 0
ROGER K HARRIS	(i) (ii)	199,679 0	16,000 0	1,168 0	67,593 0	18,244 0	302,684 0	0 0
DALE A GARDNER	(i) (ii)	232,436 0	61,643 0	3,358 0	76,359 0	21,495 0	395,291 0	0 0
DAVID A BROCKMAN	(i) (ii)	207,841 0	86,518 0	1,764 0	0 0	11,204 0	307,327 0	0 0
JOANNE M HORN	(i) (ii)	195,258 0	11,298 0	35,682 0	4,418 0	6,674 0	253,330 0	0 0
FRASER P WARD	(i) (ii)	259,552 0	3,893 0	6,155 0	16,274 0	7,398 0	293,272 0	0 0
MICHAEL A PACHECO	(i) (ii)	221,656 0	57,625 0	1,548 0	66,336 0	29,559 0	376,724 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MRIGlobal

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number
44-0545878

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MISSOURI DEVELOPMENT FINANCE BOARD	43-1387649	606CUMAF3	03-28-2007	20,190,867	RESEARCH FACILITIES		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds defeased	0							
3	Total proceeds of issue	21,002,131							
4	Gross proceeds in reserve funds	2,000,265							
5	Capitalized interest from proceeds	23							
6	Proceeds in refunding escrow	0							
7	Issuance costs from proceeds	403,817							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	18,598,290							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

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

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X							
b	Name of provider	NATIXIS FUNDING CORP							
c	Term of GIC	1 6 5							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part VProcedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VISupplemental Information

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

Identifier	Return Reference	Explanation
SEE SCHEDULE O	0	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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

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

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

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

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICHARD MYERS DIRECTOR	DIRECTOR OF AON	170,386	ACTUARIAL SERVICES		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
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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

2011

Open to Public
Inspection

Name of the organization MRIGlobal	Employer identification number 44-0545878
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Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS	William Hall and Barrett Brady have a business relationship Tom Bowser and Richard Myers have a business relationship Michael Helmstetter and Malcolm Aslin have a business relationship

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

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

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

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

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

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	UNREALIZED LOSS ON INVESTMENT \$ (77,335) EQUITY IN EARNINGS OF ALLIANCE LLC \$ 3,648,696 MRIV INCOME \$ 173,797 MISCELLANEOUS LOSSES \$ (79,927) PENSION ADJUSTMENT \$(3,930,005) - ----- Agrees to 990 Part XI Line 5 \$ (264,774)

Identifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN A	PROCEEDS	Amount does not equal issue price due to interest earned during construction of the project

Identifier	Return Reference	Explanation
SCHEDULE K, PART III, LINE 3C, COLUMN A	PRIVATE BUSINESS USE	Research agreements in force during the tax year relating to work performed in space allocable to the portion of facilities financed by the Bonds are not treated as resulting in nonqualified use per Regulations Section 1.141-3(b)(6) and Revenue Procedure 2007-47

Identifier	Return Reference	Explanation
SCHEDULE K, PART III, LINE 3D, COLUMN A	PRIVATE BUSINESS USE	MRIGlobal uses the standards set forth in the Tax Certificate and Agreement executed at the time the Bonds were issued as well as its Tax-Exempt Financing Compliance Procedure to determine whether any research agreement has the potential to result in nonqualified use of the Bond financed facilities. As a result, MRIGlobal has not had a need to consult with bond counsel to review its research agreements.

Identifier	Return Reference	Explanation
SCHEDULE K, PART III, LINE 7, AND PART V, LINE 1	PRIVATE BUSINESS USE	Previously, MRIGlobal relied on the Tax Certificate and Agreement as its practices and procedures for the Bonds. However, based on the advice of bond counsel, MRIGlobal adopted a separate Tax-Exempt Financing Compliance Procedure on April 25, 2013.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MRIGLOBAL - KANSAS 2005 Research Park Circle Manhattan, KS 66502 44-0545878	R&D	KS	0	0	MRIGLOBAL
(2) K-State-MRI Biodefense Research Coalitio 2005 Research Park Circle Manhattan, KS 66502 44-0545878	R&D	KS	0	0	MRIGLOBAL
(3) BioAgro Security Alliance LLC 425 Volker Blvd Kansas City, MO 64110 44-0545878	R&D	KS	0	0	MRIGLOBAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MRI Ventures Inc 425 Volker Blvd Kansas City, MO 64110 43-1294503	Tech Development	MO	MRIGLOBAL	C CORP	30	66,876	100 000 %

Part V

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

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

1

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

a

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

b

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

c

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

d

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)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

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)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MRI Ventures Inc	D	4,363,687	BOOK
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code)	(Expenses \$	including grants of \$	(Revenue \$)
MRIGlobal's other programs complement the			
(Code)	(Expenses \$	including grants of \$	(Revenue \$)
skills and resources with NSSI, ELS, and			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$		including grants of \$	(Revenue \$)
MAO The primary customer base is DOD,				
(Code)	(Expenses \$	10,474,276	including grants of \$	145,000) (Revenue \$ 9,106,651)
DHS, AND DOE				

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
A DRUE JENNINGS Director	1 0	X								
Barbara F Atkinson Director	1 0	X								
BARRETT BRADY Director	1 0	X								
GREG M GRAVES Director	1 0	X								
JEFFERSON W TESTER Director	1 0	X								
L PATRICK JAMES Director	1 0	X								
LAWRENCE D BURNS Director	1 0	X								
LEO E MORTON Director	1 0	X								
MALCOLM M ASLIN Director	1 0	X								
MICHAEL SALEM Director	1 0	X								
RICHARD C GREEN JR Director	1 0	X								
RICHARD MYERS Director	1 0	X								
Thomas A McDonnell Director	1 0	X								
THOMAS M HOENIG Director	1 0	X								
TOM BOWSER Director	1 0	X								
WILLIAM A HALL DIRECTOR	1 0	X								
MICHAEL F HELMSTETTER PRESIDENT & CEO	40 0	X		X				801,377	0	118,723
DAN ARVIZU EXEC VP & DIRECTOR, NREL	40 0			X				597,049	0	141,673
JOHN S STANLEY CORPORATE VP OF BUS DVLPMNT	40 0			X				322,325	0	135,315
LINDA D EVANS VP OF HUMAN RESOURCES	40 0			X				229,276	0	83,882
LYLA PERRODIN VP & CIO	40 0			X				233,532	0	38,740
REACHEL A BEICHLEY GNRL COUNSEL & CORP SECRETARY	40 0			X				161,310	0	14,082
RICHARD THOMAS FLEENER SENIOR VP & CFO	40 0			X				325,720	0	30,045
THOMAS M SACK SENIOR VP & DIRECTOR	40 0			X				403,043	0	138,869
WILLIAM P GLOVER VP, DPTY LAB DRCTR & COO, NREL	40 0			X				12,820	0	76,867

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GIULIANO RADOLOVICH ASSOCIATE VP & DIRECTOR	40 0				X			264,724	0	184,393
MICHAEL J EHRET REGIONAL VP & DIRECTOR	40 0				X			234,190	0	43,414
ROGER K HARRIS ASSOCIATE VP & DIRECTOR	40 0				X			216,847	0	79,026
DALE A GARDNER ASSC LAB DIRECTOR, NREL	40 0					X		297,437	0	89,999
DAVID A BROCKMAN CEA & DIRECTOR	40 0					X		296,123	0	5,000
JOANNE M HORN SENIOR ADVISOR	40 0					X		242,238	0	6,654
FRASER P WARD VP & DIRECTOR	40 0					X		269,600	0	16,274
MICHAEL A PACHECO VP, NREL	40 0					X		280,829	0	88,741