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DLN: 93493220008823

2012

OMB No 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

B Check Addres Name Initial Termii Amend	k if applicab ess change e change i return	C Name of organization STOWERS INSTITUTE FOR MEDICAL Doing Business As Number and street (or P O box if m 1000 EAST 50TH STREET Suite City or town, state or country, and 7 KANSAS CITY, MO 64110	ail is not delivered to street address) Room	2-31-2012	D Employ		ification number
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	cation pendi		IP + 4		(810)	920-400	00
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Tax-e		KANSAS CITY, MO 64110		l l			ed? ┌ Yes ┌ No
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K Form o		on Corporation Trust Associatio	Other -	L Year	of formation 200	5 M Sta	ate of legal domicile D
		nmary describe the organization's missio					
Activities & Governance	CELL		EXPANDING OUR UNDERSTAND				
5	2 Check	this box 🖣 if the organization di	continued its operations or dispose	a or more th	an 25% of its r	net asse	ets
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[4 Numb	r of independent voting members	f the governing body (Part VI, line 1	b)		4	
를 -			alendar year 2012 (Part V, line 2a)		H	5	37
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+		nrelated business revenue from P			H-	7a 7b	Current Year
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WASHINGTON, DC 200053333

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes ☐ No

67,972,031

Total program service expenses ►

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 for escrow or custodial account liability, 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^{\bullet}	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			
а	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 and XII	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 and XII 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		No
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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Раг	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	 -	 Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 31		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		140
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νo
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		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	The state of Sb, and the organization meronin 0000-1	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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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
	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		1	
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.		1	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	∤		
	facilities	1		
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		_	
c	Enter the amount of reserves on hand	į ļ		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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
	organizations maning address 17 7007 provide the manifest and address to 1000 contract 1 1 1 1 1 1 1 1 1 1 1 1	_		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R		ıe Cod	e.)
Se			ue Cod Yes	e.) No
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		No
10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

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
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►J SCOTT PETTET 1000 E 50TH STREET KANSAS CITY, MO (816) 926-4000

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer employers Officer employers						(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
	below dotted line)	Individual trustee or director	Institutional Trustee	CEI	Key employee	Highest compensated employee	mer			and related organizations
(1) JAMES E STOWERS JR	2 0	×						0	0	0
DIRECTOR	4 0							Ŭ	Ŭ	
(2) VIRGINIA G STOWERS	2 0	x						0	0	0
DIRECTOR	2 0	^						ľ	O O	O
(3) DAVID A WELTE	2 0	Ţ,,								55.060
DIRECTOR/SECRETARY	50 0	×		X				0	1,024,683	55,968
(4) RODERICK L STURGEON	2 0									
DIRECTOR	50 0	Х						0	1,220,119	52,614
(5) WILLIAM B NEAVES	40 0									
		х		Х				451,681	0	50,423
DIRECTOR/PRESIDENT EMERITUS (6) DAVID M CHAO	8 0									
		х		х				1,201,745	0	38,824
DIRECTOR/PRESIDENT/CEO	6.0			_						
(7) RICHARD W BROWN	2 0	x		х				0	1,821,753	48,692
DIRECTOR/CHAIR	48 0									
(8) ROBERT E KRUMLAUF	40 0				×			648,060	0	52,200
SCIENTIFIC DIRECTOR	4 0							,		
(9) RONALD C CONAWAY	40 0					×		258,328	0	38,824
INVESTIGATOR	0 0					^		230,320	O .	30,024
(10) JOAN W CONAWAY	40 0							256 476		50.205
INVESTIGATOR	0 0					X		256,176	0	50,205
(11) JERRY L WORKMAN	40 0									
INVESTIGATOR	0 0					X		258,509	0	44,564
(12) R SCOTT HAWLEY	40 0									
INVESTIGATOR						Х		277,727	0	57,543
(13) ARCADY R MUSHEGIAN	2 0									
						х		253,115	0	50,379
DIR BIOINFORMATICS RESEARCH	0 0			\vdash	\vdash					
				\vdash	\vdash					

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one both	box, ıan d	heck unless officer stee)	i	(I Repoi compei from organiza 2/1099	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima mount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Former Highest compensa Amployee (ey employee Officer						2/1099-MISC)		rganizati relati organiza	ed
												+		
												-		
1b	Sub-Total			•			•	Þ						
C	Total from continuation shee	•		Α.	•	•	-	•		3,605,341	4,066,5	55		540,236
<u>d</u> 2	Total (add lines 1b and 1c). Total number of individuals (ii			to th	ose	Iıste	d abov	e) w	ho receive			33		340,230
	\$100,000 of reportable comp	ensation from th	e organ	ızatı	on ► :	33								
											Г		Yes	No
3	Did the organization list any f on line 1a? <i>If</i> "Yes," complete.					, key •	emplo	yee,	, or highes	t compen	sated employee	3		N a
4	For any individual listed on lir organization and related organ individual	ie 1a, is the sum	of repo	rtabl	e co							4	Yes	No
5	Did any person listed on line : services rendered to the orga									janization	or individual for	5	163	No
	ation B. Indonesidant Co										-			
1	ction B. Independent Co Complete this table for your fi compensation from the organi	ve highest comp											tax year	
		(A) Name and business	address							Des	(B) cription of services		(C Comper) Isation
AMER	ICAN CENTURY INVESTMENTS , 450	0 MAIN STREET KAN	ISAS CITY	/ MO6	4111					SEE SCH L	•	1	•	200,000
												+		
2	Total number of independent co	ntractors (inclu	dına but	t not	lımıt	ed to	those	e list	ted above	who rece	ived more than			

\$100,000 of compensation from the organization 🕦

Form 99								Page S
Part V	/	Statement of Check if Sched	o f Revenue ule O contains a respor	nse to any question i	n this Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s to	1a	Federated cam	paigns 1a					
au au	b	Membership du	ıes 1b					
ပ်ာ ဦး	С	Fundraising ev	ents 1c					
£l. A	d	Related organiz	zations 1d	60,252,458				
છં ਵૈ	e	Government grant						
ns, Sin								
흕	f	similar amounts n	ons, gifts, grants, and 1f ot included above	1,391,168				
들통	g		ons included in lines	60,055,212				İ
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add line	c 1 2-1 f		67,721,427			
<u>ರ ಹ</u>	<u>"</u>	Total. Add fille	5 1d-11	· · · •	07,721,127			
<u> 9</u>				Business Code				
e E	2a	COLLABORATION F (3)	FEE FROM HHMI 501(C)	900099	265,874	265,874		
æ	ь							
95	С							
ē.	d							
Program Serwce Revenue	e							
⊕ Ba	f	All other progra	am service revenue					
ξ		T-4-1 A dd l	- 2- 26		255 274			
	3		s 2a-2f		265,874			
	3		come (including dividen ar amounts)		528,525			528,52
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties .		🕨	404,298			404,29
			(ı) Real	(II) Personal				
	6a	Gross rents	14,475					
	b	Less rental expenses	14,475					
	С	Rental income or (loss)	0	0				
	d		me or (loss)		О			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	228,237,371	6,163				
		assets other than inventory	220,237,371	5,105				
	ь	Less cost or						
		other basis and sales expenses	227,850,152	53,312				
	С	Gain or (loss)	387,219	-47,149				
	d	Net gain or (los	ss)		340,070			340,070
	8a		from fundraising					
Ĭ		events (not inc	riuaing					
Other Revenue		of contributions	s reported on line 1c)					
ď		See Part IV, lir	ле 18 а					
je.	ь	less directex	penses b					
₹	c		(loss) from fundraising	events 🛌	0			
	9a	Gross income f	from gaming activities					
		See Part IV, lır	ne 19					
	l L	ا حدداد حووا	a					
	b c		penses b (loss) from gaming acti	vities	n			
		Gross sales of						+
		returns and allo						
			а					
	b		oods sold b					1
	С		(loss) from sales of inv		0			1
		Miscellaneou		Business Code	70 501			70.50
	11a	MO QUALITY	_	900099	78,506			78,500
	b	OTHER REBAT	TES & REVENUE	900099	48,541			48,54
	С							1
	d		ue					1
	е	Total. Add line	s 11a-11d		127,047			<u> </u>
	12	Total revenue.	See Instructions .	🕨	69 387 241	265 874		1 300 040

265,874

69,387,241

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2,500,000 2,500,000 Grants and other assistance to individuals in the United States See Part IV, line 22 1,367,999 1,367,999 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 2,442,933 2,198,640 244,293 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 19,694,142 Other salaries and wages 17,724,728 1,969,414 0 Pension plan accruals and contributions (include section 401(k) 2,491,750 2,242,575 249,175 0 and 403(b) employer contributions) 0 Other employee benefits 2,855,101 2,569,591 285,510 10 1,402,786 1,262,507 140,279 0 11 Fees for services (non-employees) Management O 28,251 28,251 Legal 0 10,000 10,000 0 0 Professional fundraising services See Part IV, line 17 0 Investment management fees 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,434,952 1,291,457 143,495 0 Schedule 0) Advertising and promotion . . O 12 13 Office expenses 319,335 287,402 31,933 0 257,892 25,789 0 14 Information technology . . 232,103 0 15 97,265 87,539 9,726 Royalties . . 2,217,687 1,995,918 221,769 0 16 Occupancy **17** 650,992 585,893 65,099 0 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 476,412 19 Conferences, conventions, and meetings . 428,771 47,641 0 20 0 Payments to affiliates 0 21 11,218,428 22 Depreciation, depletion, and amortization . 10,096,585 1,121,843 0 23 0 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a COST-SHARING W/RELATED ORG 1,848,680 18,486,798 16,638,118 LAB SUPPLIES 6,181,079 5,562,971 618,108 NON-CAPITAL EQUIPMENT 393,559 354,203 39,356 d DUES & SUBSCRIPTIONS 79,040 71,136 7,904 e All other expenses 526,551 473,895 52,656 Total functional expenses. Add lines 1 through 24e 25 75,132,952 67,972,031 7,160,921 0 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,943,474	1	2,998,898
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	697,175	3	471,561
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
×	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0
Se.			0	_	0
Assets	7	Notes and loans receivable, net	0	7	0
•	8	Inventories for sale or use	349,600		186,858
	9	Prepaid expenses and deferred charges	714,385	9	686,767
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 314,849,674	4		
	Ь	Less accumulated depreciation 10b 140,973,835	<u> </u>	10 c	173,875,839
	11	Investments—publicly traded securities	86,566,796	11	89,292,262
	12	Investments—other securities See Part IV, line 11	354,224	12	444,514
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	202,922,595	15	192,862,105
	16	Total assets. Add lines 1 through 15 (must equal line 34)	475,896,618	16	460,818,804
	17	Accounts payable and accrued expenses	7,365,107	17	7,781,660
	18	Grants payable	0	18	0
	19	Deferred revenue	617,194	19	534,290
	20	Tax-exempt bond liabilities	0	20	0
ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		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	201,700,407	25	192,907,145
	26	Total liabilities. Add lines 17 through 25	209,682,708	26	201,223,095
Ş O		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
anc 3	27	Unrestricted net assets	266,213,910	27	259,595,709
<u> </u>	28	Temporarily restricted net assets	0	28	0
=	29	Permanently restricted net assets	0	29	0
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
ets ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	_
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	266,213,910	33	259,595,709
ž	34	Total liabilities and net assets/fund balances	475,896,618	34	460,818,804
	1	. Sta. Habilities and net absolution buildiness	1 475,030,010	J-t	

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	eneck in benedule of contains a response to any question in this rare X2 1 1 1 1 1 1 1 1		•	•	• •,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		69,3	387,241
2	Total expenses (must equal Part IX, column (A), line 25)	2		75,1	132,952
3	Revenue less expenses Subtract line 2 from line 1	3		-5,7	745,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		266,2	213,910
5	Net unrealized gains (losses) on investments	5		-3	330,577
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- [541,913
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		259,5	595,709
Par	t XIII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

DLN: 93493220008823

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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

Open to Public Inspection

STOW		STITUTE F	OR MEDICAL R	ESEARCH									
									20-29935	09			
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	anızatıons	must com	olete this p			tions.		
			not a privat	te foundation becaus	eıtıs (Forl	ınes 1 throu	ıgh 11, check	only one bo) x)				
1	Γ	A churc	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).				
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).				
4	굣	A medi	cal research	h organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). Ente	r the	
			,	ty, and state									
CHIL	.DREN	I'S MER	CY HOSPIT	AL,									
, KΔN9	545 C	ITY, MC)										
5	Γ			erated for the benefi	t of a college	or universi	ty owned or o	perated by a	government	al unit	describ	ed in	
				(A)(iv). (Complete P									
6	Г			local government or		al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).				
7	Г	An orga	anization tha	at normally receives	a substantia	l part of its	support from	a governme	ntal unit or fr	om the	genera	public	2
	_			on 170(b)(1)(A)(vi).									
8	<u> </u>			described in section							_		
9	ı			at normally receives									SS
				ities related to its ex									
			_	oss investment inco						tax) fro	om busin	esses	
	_		-	ganızatıon after June									
10	<u> </u>	_	•	ganized and operated	•		•						
11	J	_		ganized and operated	,		, ,		,	,			
				ly supported organız bes the type of supp						ee sec t	,1011)605	a)(3).	Check
				b Type II c						n-func	tionally	ıntegra	ated
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not conti	olled directly	or indirectl	y by one or m	nore di	squalıfıe	d pers	ons
				on managers and otl	her than one	or more pub	olicly support	ed organızat	ions describe	ed in s	ection 5	09(a)(1) or
f			509(a)(2)	received a written de	atarmination	from the ID	S that it is a	Type I Type	all or Type	III cur	aporting	oraani	zation
•			:his box	received a writter d	eceriiiiiacioii	nom the 11	o chache is a	i ype i, i ype	e II, or Type	iii su	porting	organi	
g				2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the				·
			ig persons?										
				rectly or indirectly o				persons des	scribed in (ii)		44(:)	Yes	No
				governing body of th			11				11g(i)		
			•	er of a person descri			- h 2				11g(ii)	_	
L				lled entity of a perso							11g(iii)		<u> </u>
h		Provide	e the following	ng information about	the supporte	eu organizat	1011(5)						
	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	-he	(v) Did you	notify	(vi) Is t	the	1	vii) Δ n	nount of
	suppor		(11) [11]	organization	organizati		the organiz		organizati		'	-	etary
OI	ganiza	ation		(described on	col (i) list		ın col (i) o		col (i) orga			sup	port
				lines 1 - 9 above	your gove		suppor	t?	ın the U	S?			
				or IRC section (see	docume	nt /							
				instructions))			<u> </u>			T			
					Yes	No	Yes	No	Yes	No			
				I		I	1	I		I	I .		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2012 Page	4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	Facts And Circumstances Test	
		_
	Explanation	
CHILDREN'S I	MERCY HOSPITAL IN KANSAS CITY MISSOURI	_

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493220008823

OMB No 1545-0047

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509 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 Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b

C	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after $8/17/06$, and not on a historic structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ated by th	ne organization (during	
	the tax year -				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, he enforcement of the conservation easements it holds?	andling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	ements	during the year		
	<u> </u>				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	nts durın	g the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s and section $170(h)(4)(B)(II)$?	ection 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	•	•		

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.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

- Cat No 52283D Schedule D (Form 990) 2012
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	Organizations Maintaining Co	llections of Ar	t, HIS	tori	<u>cai ir</u>	<u>eası</u>	ures, or O	tne	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cł	heck	any of t	the fol	lowing that a	are a	sıgnıfıcant use	ofits	
а	Public exhibition		d	Γ	Loan	orexo	:hange progi	ams			
b	Scholarly research		e	Γ	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	aın hov	w the	y furthe	erthe	organızatıon	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit of									_	_
Dov	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang		-							Yes	No No
Par	Part IV, line 9, or reported an an						ii aliswele	u i	es to rolling	790,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	ford	ontribu	itions	or other ass	ets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	able		_				
									An	nount	
С	Beginning balance							1c			
d	Additions during the year						_	1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•						│ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has l	been p	orovided in P	art :	XIII		Γ
Pa	rt V Endowment Funds. Complete										
	Danish and the land	(a)Current year	(b)Prior	year	b (c)	wo years back	((d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance							+			
b	Contributions							╁			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs							+			
' g	End of year balance							+			
9 7	Provide the estimated percentage of the curi	rant waar and halan	L (lun	20.10	colum	n (2))	hold ac	<u> </u>	l		
_		rent year end baian	ice (iii	ie ig	, colum	III (a))	neiu as				
а	Board designated or quasi-endowment										
b	Permanent endowment 🕨										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are held	dand	administere:	d for	the	Yes	No
	(i) unrelated organizations								3a		110
	(ii) related organizations								3a(_	
b	If "Yes" to $3a(II)$, are the related organizatio	ns listed as require	ed on S	Sche	lule R?				3)	
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa		, line 1		(b)Cost or of	hor	(c) Accumulated	(d) Po	ok value
	Description of property				s (investr		basis (othe		depreciation	(a) ®	
1a	Land						3,400	,000			3,400,000
b	Buildings						224,344	,932	71,544,150	5 15	52,800,776
c	Leasehold improvements		•								
	Equipment		•				87,104	,742	69,429,679) 1	.7,675,063
	Other			<u> </u>	D) /	1011	•				
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), line	10(c).	<i>)</i>		<u> ► </u>	17	3,875,839

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	<u>Z. </u>	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
(1)Financial derivatives			
	+	+	
(2)Closely-held equity interests			
Other			
·			
	_	<u> </u>	
	_	 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶		
	a Farma 000 Daret V June	12	
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
	+	+	
	_		
	_		
	+	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	,.		
Part IX Other Assets. See Form 990, Part X, I			
(a) Descri	ption	(b) Book value	
(1) ANNUITY RECEIVABLE		192,76	0.151
(2) OTHER RECEIVABLES		10	1,954
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.	<i>5.)</i>	▶ 192,86	2,105
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
	<u> </u>		
ADVANCES FROM AFFILIATES	4,819,966		
ANNUITY PAYABLE	188,087,179		
	+	1	
	1	1	
	+	İ	
Tabel (Column (h) suret a runt Face 200 Seet V. 1/2) / 25 i			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the te	192,907,145		

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	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		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part	Supplemental Information	-	

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

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

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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

2012

DLN: 93493220008823

Open to Public Inspection

	nie organization						Employer Identin	Cation number
STO WE	RS INSTITUTE FOR M	EDICAL RESEARCH					20-2993509	
Part	I General Infor	mation on Grant	s and Assistance				•	
th	e selection criteria use	ed to award the grants	ostantiate the amount of to sor assistance? ures for monitoring the us					∀Yes □
Part 1			o Governments and received					l "Yes" to
(a) N	lame and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHO 1000	IE GRADUATE OL OF SIMR EAST 50TH STREET AS CITY, MO 64110	27-4482762	501(C)(3)		2,500,000) FMV	FI SECURITIES	SEE PART IV
			overnment organizations					1
ا⊒ س	ncer cocar number of oth	er organizations iiste	a m the line I table.					U

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
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) STIPENDS/FELLO WSHIPS	43	1,367,999		N/A	N/A

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PART I, LINE 2		SIMR PROVIDES TRAINING STIPEND/FELLOWSHIPS TO UNDERGRADUATES, GRADUATES, AND POST-DOCTORAL CANDIDATES THESE STIPENDS/FELLOWSHIPS ARE PROVIDED FOR THE INDIVIDUAL'S TRAINING AND NOT AS COMPENSATION FOR ANY SERVICES PROVIDED BY THEM TO SIMR STIPENDS/FELLOWSHIPS ARE OFFERED ON A NON-DISCRIMINATORY BASIS TO INDIVIDUALS STUDYING A BASIC BIOMEDICAL FIELD WITH THE OBJECTIVE OF CONTINUING IN THIS FIELD UPON THE COMPLETION OF THEIR EDUCATION AND TRAINING
PART II, LINE 1		SIMR CONTRIBUTED FUNDS TO START THE GRADUATE SCHOOL OF THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("GSSIMR") GSSIMR'S EXEMPT PURPOSE IS TO PROVIDE GRADUATE EDUCATION THAT WILL PREPARE SCHOLARS FOR SCIENTIFIC RESEARCH IN THE BIOLOGICAL SCIENCES GSSIMR OFFERS A RESEARCH-BASED PH D DEGREE IN BIOLOGY AND OTHER INSTRUCTION PROGRAMS

DLN: 93493220008823

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Compensation Information

Open to Public Inspection

Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH **Employer identification number**

20-2993509

Pa	rt I Questions Regarding Compensati	ion				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part		ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior t directors, trustees, and the CEO/Executive Direc				,	
	unectors, trustees, and the GLO/Executive Direc	.tor, regard	ing the items checked in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing or organization's CEO/Executive Director Check all used by a related organization to establish compe	I that apply				
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant	<u> - </u>	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	0, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	rol paymen	t?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
С	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	ı A , lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	ı A , lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII	I, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

A 130 complete this part for any additional information						
Identifier	Return Reference	Explanation				
PART I, LINE 1A		SIMR HAS WRITTEN EMPLOYMENT CONTRACTS WITH WILLIAM B NEAVES, PRESIDENT EMERITUS, AND DAVID M CHAO, PRESIDENT, WHICH PROVIDES FOR TAXABLE TERM LIFE BENEFITS AND FOR THE EXECUTIVES TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THE BENEFITS				
PART I, LINE 1B		SIMR PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PURSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WERE APPROVED BY SIMR'S GOVERNING BOARD SEE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15, FOR ADDITIONAL PROCESSES RELATED TO DETERMINING EXECUTIVE COMPENSATION				
PART I, LINE 5A		SIMR ACCRUED A PAYMENT OF \$102,229 DUE TO ROBERT E KRUMLAUF, SCIENTIFIC DIRECTOR THIS PAYMENT REPRESENTS THE PORTION OF THE NET ROYALTIES RECEIVED BY SIMR FOR LICENSED SCIENTIFIC DISCOVERY TECHNOLOGY THAT IS PAYABLE TO ROBERT E KRUMLAUF, PH D , FOR HIS PARTICIPATION IN THE DISCOVERY				

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Return to Form

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

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
DAVID A WELTE	(I) (II)		0	0 52,871	0 37,500	0 18,468	0 1,080,651	0	
RODERICK L STURGEON	(I) (II)		0	0 86,073	0 37,500	0 15,114	0 1,272,733	0	
WILLIAM B NEAVES	(I) (II)		0	7,412 0	37,500 0	12,923 0	502,104 0	0	
DAVID M CHAO	(I) (II)		0	6,207 0	37,500 0	1,324 0	1,240,569	0	
ROBERT E KRUMLAUF	(I) (II)		0	190,988	37,500 0	14,700 0	700,260	0	
RONALD C CONAWAY	(I) (II)		0	2,319 0	37,500 0	1,324 0	297,152 0	0	
JOAN W CONAWAY	(I) (II)		0	2,319 0	37,500 0	12,705 0	306,381 0	0	
JERRY L WORKMAN	(I) (II)		0	3,001	37,500 0	7,064 0	303,073	0	
R SCOTT HAWLEY	(I) (II)		0	2,319 0	37,500 0	20,043	335,270 0	0	
RICHARD W BROWN	(I) (II)		0	0 33,905	0 37,500	0 11,192	0 1,870,445	0	
ARCADY R MUSHEGIAN	(I) (II)		0	24,149	34,495 0	15,884 0	303,494 0	0	

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As Filed Data -

DLN: 93493220008823

OMB No 1545-0047

2012

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the orga	nization E FOR MEDICAL RESEAR	RCH					En	nploye	r ident i	fication	numbe	r
								-299				
	s Benefit Tran	,					-					
	ete if the organization of disqualified pers			orm 990, i between di								
1 (a) Name	oi disquaiilled pers			d organizati		(c) Descrip	טנוטוו ט	n trans	saction	_	(d) Corr	No No
			p = 1 = 2								res	NO
										-		
2 Enter the am	nount of tax incurre	d by organiza	ation mana	gers or dis	qualified perso	ns during the	vearu	unders	section			
4958									> \$			
3 Enter the am	nount of tax, if any,	on line 2, ab	ove, reımb	ursed by th	ie organization				> \$			
D-1 77 1	t 1/ F		t - d D									
	ns to and/or F plete if the organize)-F7 Part V lu	ne 38a or Eo	rm 99	∩ Par	t IV lın	ne 26 n	rıf the	
	nization reported ar					116 304, 01 1 0	נכ וווו	o, r ai	C I V , IIII	16 20, 0	i ii tiie	
(a) Name of	(b) Relationship				(e)Original	(f) Balance	(g)) In	(h	1)	(i)Wr	ıtten
ınterested	with organization	of loan	or from t		principal	due	defa	ault?	Appro		agreer	nent?
person			organizat	ion?	amount				by board or committee?			
			То	From			Yes	No	Yes	No	Yes	No
											1	1
											_	
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otal			▶ \$									
Part IIII Gran	nts or Assistan	ce Benefit	ting Inte	erested I	Persons.							
	plete if the organ								- T	_		
(a) Name of integration		ationship bet ted person ar		c) A mount o	ofassistance	(d) Type of	fassis	tance	(e)	Purpos	e of ass	ıstance
person		organization	id tile									
									-			
	I		ı									

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organization	<u>ni aliswered res oli i</u>	Olli 990, Fait IV, IIII	e 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	f zation's
				Yes	No
(1) AMERICAN CENTURY COMPANIES INC	SEE PART V	200,000	SEE PART V		No
(2) JULIA ZEITLINGER PhD	SEE PART V	107,103	EMPLOYEE OF SIMR		Νo
(3) LEANNE WIEDEMANN PhD	SEE PART V	187,660	EMPLOYEE OF SIMR		Νo

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
PART IV, LINE (1) COLUMN B		RICHARD W BROWN, DAVID A WELTE, DAVID M CHAO, AND RODERICK L STURGEON ARE CURRENT DIRECTORS OF SIMR AND ALSO DIRECTORS OF AMERICAN CENTURY COMPANIES, INC ("ACCI") JAMES E STOWERS JR, A DIRECTOR OF SIMR, IS ALSO THE FOUNDER OF ACCI SIMR, ALONG WITH MR STOWERS, OTHER STOWERS FAMILY MEMBERS, AND OTHER RELATED PARTIES DISCLOSED IN SCHEDULE R RETAIN A CONTROLLING VOTING INTEREST IN ACCI SIMR RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS ("ACI") SIMR PAYS THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH MUTUAL FUND INVESTOR THE VALUE OF THESE SERVICES, ESTIMATED BY MULTIPLYING SIMR'S AVERAGE AMOUNT OF MUTUAL FUND HOLDINGS THROUGHOUT THE YEAR BY THE PUBLISHED ADMINISTRATIVE FEE PERCENTAGE FOR THE APPLICABLE FUNDS, WAS APPROXIMATELY \$200,000 IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SIMR SELECTED A HIGH QUALITY MUTUAL FUND COMPANY WITH AN OUTSTANDING TRACK RECORD
PART IV, LINE (2) & (3)		JULIA ZEITLINGER, PH D, IS THE SPOUSE OF DAVID M CHAO, PRESIDENT OF SIMR MS ZEITLINGER IS AN ASSISTANT INVESTIGATOR AT SIMR MS ZEITLINGER'S PREVIOUS EMPLOYMENT BEFORE SIMR WAS WITH THE WHITEHEAD INSTITUTE FOR MEDICAL RESEARCH WHERE SHE WAS THE RECIPIENT OF A POSTDOCTORAL FELLOWSHIP FROM THE HUMAN FRONTIER SCIENCE PROGRAM LEANNE WIEDMANN, PH D, IS THE SPOUSE OF ROBERT KRUMLAUGF, SCIENTIFIC DIRECTOR OF SIMR MS WIEDEMANN PERFORMS INDEPENDENT SCIENCE RESEARCH AT SIMR AND IS CONCURRENTLY A PROFESSOR AT THE UNIVERSITY OF KANSAS MEDICAL CENTER IN THE DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493220008823

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

Noncash Contributions

Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number

					20-2993509			
a	Types of Property	1		T				
	Art. Works of art	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(Method of noncash contr			ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	2	60,055,212	FAIR MARKET VA	LUE		
	Securities—Closely held stock $. $							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	Other ►()							
	O ther ► ()							
	Number of Forms 8283 received for which the organization comple				29			
				_	•		Yes	1
	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	rs from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		N
,	If "Yes," describe the arrangement							
	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell r	noncash			
	contributions?	• • • •				32a		N
	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a	a) is checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Schedule M (Form 990) (2012)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493220008823

2012

OMB No 1545-0047

Open to Public
Inspection

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.

Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 1		THE STOWERS INSTITUTE FOR MEDICAL RESEARCH PERFORMS MEDICAL RESEARCH IN THE PUBLIC INTEREST WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF FUNDAMENTAL PROCESSES IN LIVING CELLS AND IMPROVING LIFE'S QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PREVENTION OF DISEASE

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4		SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2		JAMES E STOWERS JR AND VIRGINIA G STOWERS, DIRECTORS OF SIMR, HAVE A FAMILY RELATIONSHIP JAMES E STOWERS JR, RICHARD W BROWN, DAVID A WELTE, DAVID M CHAO, AND RODERICK L STURGEON, ALL DIRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP, THEY SERVE ON THE BOARD OF AMERICAN CENTURY COMPANIES, INC ("ACCI") AS DESCRIBED IN RESPONSE TO SCHEDULE L, PART IV RICHARD W BROWN, WILLIAM B NEAVES, DAVID M CHAO, AND RODERICK L STURGEON, DIRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP, THEY ALL SERVE ON THE BOARD OF BIOMED VALLEY DISCOVERIES, INC, A RELATED PARTY AS DISCUSSED ON SCHEDULE R

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11B		THE DATA AND INFORMATION NECESSARY TO PREPARE SIMR'S FORM 990 WAS COMPILED BY SIMR'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY OUR TAX ATTORNEY AT BRYAN CAVE, LLP PRICEWATERHOUSECOOPERS ("PWC"), OUR EXTERNAL TAX PREPARERS, USE THIS INFORMATION TO PREPARE THE FORM 990 THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS DISTRIBUTED IN ADVANCE TO ALL SEVEN OFFICERS OF SIMR FOR THEIR REVIEW AND COMMENTS BEFORE THE FORM 990 IS FILED WITH THE IRS AFTER THE PREPARATION AND REVIEW PROCESS DESCRIBED ABOVE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S BOARD BEFORE IT IS FILED WITH THE IRS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C		SIMR HAS ADOPTED A "CONFLICTS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY" EACH DIRECTOR, OFFICER, AND OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISIONS OF SIMR ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN A DISCLOSURE STATEMENT THAT IS PART OF THE POLICY A COVERED PERSON MUST ALSO DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT AND ALL MATERIAL FACTS TO THE GOVERNING BOARD AS SOON AS THE PERSON HAS KNOWLEDGE THAT A POTENTIAL CONFLICT MIGHT EXIST SIMR CONDUCTS PERIODIC AND ADHOC REVIEWS OF TRANSACTIONS AND AGREEMENTS TO INSURE THAT IT ENGAGES ONLY IN ACTIVITIES THAT ARE CONSISTENT WITH ITS TAXEXEMPT PURPOSE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B		THE PROCESS FOR DETERMINING COMPENSATION OF SIMRS PRESIDENT AND CEO INCLUDED RETAINING THE SERVICES OF A NATIONALLY KNOWN COMPENSATION CONSULTANT TO PROVIDE DATA AND ANALYSIS TO DETERMINE COMPARABLE SALARY AND BENEFITS FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THE PROCESS WAS UNDERTAKEN IN 2009 AT THE TIME THE CURRENT CONTRACT WAS EXECUTED AND APPROVED BY THE GOVERNING BOARD AS DOCUMENTED IN THE OFFICIAL MINUTES ANOTHER REVIEW PROCESS FOR THE PRESIDENT AND CEO WAS COMPLETED IN 2012

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19		SIMR'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 9		OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING ACTUARIAL LOSS ON ANNUITY (541,913)

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4	2012 PROGRAM SERVICE ACCOMPLISHMENTS	THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") IS A PRIVATE, NONPROFIT MEDICAL RESEARCH ORGANIZATION SIMR WAS FOUNDED IN 1994 BY JIM AND VIRGINIA STOWERS, TWO CANCER SURVIVORS WHO HAVE DEDICATED THEIR FORTUNE TO SUPPORTING BASIC RESEARCH IN CELL AND MOLECULAR BIOLOGY THAT WILL PROVIDE LONG-TERM SOLUTIONS TO GENE-BASED DISEASES SIMR CONDUCTS BASIC BIOMEDICAL RESEARCH IN THE PUBLIC INTEREST THAT WILL ULTIMATELY PROVIDE A GREATER UNDERSTANDING OF THE GENES AND PROTEINS THAT CONTROL HOW CELLS IN OUR BODIES MULTIPLY, FORM TISSUES, AND DIE LIKE A GROWING NUMBER OF SCIENTISTS TODAY, INSTITUTE SCIENTISTS ARE CONVINCED THAT BY STUDYING THE BASIC BIOLOGY OF CELLS THEY WILL DISCOVER HOW GENES CAUSE MANY DISEASES, INCLUDING CANCER, BIRTH DEFECTS, AND DEMENTIA BASIC RESEARCH CONDUCTED AT SIMR SHOULD POINT THE WAY TO THE DEVELOPMENT OF NEW PREVENTIONS, TREATMENTS, AND CURES FOR GENETIC DISEASES

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4 CONT		2012 NOTABLE RESEARCH RESULTS IN 2012, SIMR RESEARCH TEAMS MADE DISCOVERIES MERITING PUBLICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS - 59 ORGINAL RESEARCH PAPERS IN ALL SIMR RESEARCH TEAMS ALSO PUBLISHED 29 REVIEWS, COMMENTARIES, BOOK CHAPTERS SOME OF THE HIGHLIGHTS AMONG PAPERS PUBLISHED IN 2012 INCLUDE. THE BAUMANN LAB DISCOVERED HOW THE RNA TER1, A COMPONENT OF THE BEZYME TELOMERASE, IS SCULPTED TO FAVOR INTERACTIONS WITH ITS PROTEIN PARTINES. TWO RING-LIKE PROTEINS SEGUIBATIBALTY SLIP INTO ONTO UNPROCESSED TERT RNA AND HOLD IT WHILE IT IS CLIPTED TO THE OPTIMUM SIZE, FOLDED AND CAPPED (PUBLISHED IN THE MARCH 26, 2012 ISSUE OF NATURE). THE CONAWAY LAB REVEALED HOW ATTE, A MASTER REGULATOR THAT TAKES CHARGES FOLLOWING A CELLULAR CRISIS TRIGGERED BY THE ACCUMULATION OF MISFOLDED RNOTEINS, ACTIVATES ITS TARGET GENES. THE STUDY WAS SELECTED BY THE EDITORS OF THE JOURNAL OF BIOLOGICAL CHEMISTRY AS "PAPER OF THE WEBE" ("PUBLISHED IN THE JUNE 29, 2012 ISSUE OF THE JOURNAL OF BIOLOGICAL CHEMISTRY AS INSTRUMENT OF THE WEBE" ("PUBLISHED IN THE JUNE 29, 2012 ISSUE OF THE JOURNAL OF BIOLOGICAL CHEMISTRY AS INTO THE CENTROMERS. A SPECIAL ZED STRUCTURE THAT SITS AT THE CROSS POINT OF THE "Y" USED TO REPRESENT DUPLICATED CHROMOSOMES (PUBLISHED IN THE JULY 20, 2012 ISSUE OF CELL) THE LINHENG I.I. LAB DENTIFIED AN IMPORTANT MOLECULES OF THAT SITS AT THE CROSS POINT OF THE "Y" USED TO REPRESENT DUPLICATED CHROMOSOMES (PUBLISHED IN THE JULY 20, 2012 ISSUE OF CELL) THE LINHENG I.I. LAB DENTIFIED AN IMPORTANT MOLECULLAR OUE THAT KEEPS QUESCENT MOUSE HEMATOPOETIC (OR BLOOD-FORMING) STEM CELLS FROM PROLIFERATING WHEN THER SERVICES ARE NOT NEEDED (PUBLISHED IN THE JULY 20, 2012 ISSUE OF CELL) THE LINHENG I.I. LAB DENTIFIED AN IMPORTANT MOLECULAR OUE THAT KEEPS QUESCENT MOUSE HEMATOPOETIC (OR BLOOD-FORMING) STEM CELLS FROM PROLIFERATING WHEN THER SERVICES ARE NOT NEEDED (PUBLISHED IN THE JULY 20, 2012 ISSUE OF CELL) THE LINHENG I.I. LAB DENTIFIED AN IMPORTANT MOLECULAR PUBLISHED IN THE JULY 20, 2012 ISSUE OF CELL) THE WORK

ldentifier	Return	Explanation
	Reference	
FORM 990, PART II, LINE 4 CONT		COMPREHENSIVE LIST OF 2012 ORIGINAL RESSARCH PAPERS, REVEWS, COMMENTARES AND BOOK CHAPTER S RORGINAL RESEARCH PAPERS 1 BAILLEY OM MORRISON JAI, KULESA PM WELANOMA REVIVES AN EMBRY YONC MIGRATION PROGRAM TO PROMOTE PLASTICITY AND INVASION PIGNENT CELL MELANOWA RES 201 2.25 573- 383 2 BARDET AF, HEQ. ZETILINGER J, STARK A A COMPUTATIONAL PIPELINE FOR COMP ARATIVE CHIR SEQ ANALYSES INAT PROTICE 2012;7 45-61 3 BARLOW AJ, DKON J, DKON MJ, TRAINGR PA, BALANCINIS NEURAL CREST CELL INTENSIC PROCESSES WITH THOSE OF THE MCROENVIRONMENT IN TOOTH HARLONSUFFICIENT MICE BHABLES COMPLETE ENTERIOR INSTRUCES SYSTEMPORMANTON HOUNDAIN TOWN TO HARLONSUFFICIENT MICE BHABLES COMPLETE ENTERIOR INSTRUCES SYSTEMPORMANTON HUM MO. DENET 2012;21 1782-1793 4 BOCCHINFLISO DG, TAYLOR P, ROSS E, IGNATCHENKO A, KONATCHENK O V, KISLINGER T, PEARSON BJ, MORAN MF PROTEOMOR CROPLINEN OF THE PLANARIAN SCHMIDTEN HOU HID HORNOY OF THE PLANARIA SCHMIDTEN AND HITCHING HON THE PROTECTION OF THE PLANARIAN SCHMIDTEN HED HITCHING AND THOSE PROTECTION OF THE PLANARIAN SCHMIDTEN AND HORNOY OF PAPASITIC FLATWORNS MOL CELL PROTEOMORS 2012;11 681-681 5 BOSET LEWIK LIJU S, XUB, HARRIS B, SLAUGHTER B, URRUH-J, GARRETT A, MCDOWELL W, BOX A, LIH PEAK A, RAMACHANDRAN S, SEDEL C, GERTON JL. COHESIN PROTEINS PROMOTE RESOGNAL RIVA PRODUCTION AND PROTEIN TRA INSLATION IN YEAST AND HUMAN CELLS PLOS GENET 2012;8 ETIOGZ34 6 CHEN S, LEWIS B, MCRANA, XIET CACHERIN-MEDIATED CELL ADERSION IS CRITICAL FOR THE CLOSING OF THE MOUSE OFTIC F ISSURE PLOS ONE 2012;7 B1705 7 CHEN S, LIH L ZUECKERT-GAUDENZ K, PAULSONA, GUO F, TRI MELER, PEAK A, SIDDLE C, DENG C, PURITA Y, XIET DEFECTIVE FOF SIGNALING CAUSES COLDBOM A FORMATION AND DISQUETS RETINAL NEUROPOSPHISE (PUBLISHED AHEAD OF FRINT DISCOVER PATHWAY'S AFFECTING SO CHES IN FUNCTION IN SCHLOSACCHAROMYCES POMBE IDBITIFES CHOOL STAR OF THE MOUSE OFTIC F ISSURE PLOS ONE 2012;2 1161-1118 9 CHEN G, REAPPORD WOY B. RESPONSITES FOT THAT SHAPE COHES IN FUNCTION IN SCHLOSACCHAROMYCES POMBE IDBITIFES CHOOL SHAPPING AND A CONTROLLED FOR THE

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FORM 990, PART III, LINE 4 CONT INDEPENDENT RESEARCH PROGRAM LEADERS LABORAT ROBERT KRUMLAUF, PH D, SCIENTIFIC DIRECTOR AND IN FROM ENGLAND'S NATIONAL INSTITUTE FOR MEDICAL RE HE WAS HEAD OF THE DIVISION OF DEVELOPMENTAL NE DEVELOPMENTAL BIOLOGY FROM OHIO STATE UNIVERS PATHWAYS THAT REGULATE HOW THE MAMMALIAN HE VARIETY OF VERTEBRATE MODEL SYSTEMS - SUSAN AS STOWERS INSTITUTE IN 2003 FROM THE PENNSY LVANIA ASSOCIATE PROFESSOR OF MOLECULAR GENETICS SHE BIOLOGY FROM THE ROCKEFELLER UNIVERSITY AND CO DEPARTMENT OF BIOCHEMISTRY AND MOLECULAR BIOLO OF PROFESSOR TOM MANIATIS RESEARCH FOCUS MOL DIFFERENTIATION IN DROSOPHILA, USING THE EMBRY ON SYSTEM - PETER BAUMANN, PH D, INVESTIGATOR AND IN SCIENTIST, JOINED THE STOWERS INSTITUTE IN 2002 AFT	TICULAR GENES, EACH OF WHICH MAY CAUSE OR HAVE ENSIVE LIST OF RESEARCH LEADERS FOLL OWS - VESTIGATOR, JOINED THE STOWERS IN STITUTE IN 2000 ESEARCH, THE RIDGEWAY, MILL HILL, LONDON, WHERE UROBIOLOGY DR KRUMLA UF RECEIVED A PH D IN ITY RESEARCH FOCUS A NALYSIS OF MOLECULAR AD, BRAIN AND NERVOUS SYST EM ARE BUILT, USING A BMAYR, PH D, ASSOCIATE INVESTIGATOR, JOINED THE STATE UNIVERSITY WHERE SHE SERVED AS E EARNED A PH D IN BIOC HEMISTRY AND MOLECULAR MPLETED POSTDOCTORAL TRAINING IN THE
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FORM 990, PART III, LINE 4 CONT		IN LOCALIZATION AND ROLE IN CHROMOSOME POSITIONING AND SEGREGATION - LINHENG LI, PH D , IN VESTIGATOR, JOINED THE STOWERS INSTITUTE IN 2000 FROM THE UNIVERSITY OF WASHINGTON MEDICAL CENTER WHERE HE HELD A FACULTY APPOINTMENT AFTER COMPLETING POSTDOCTORAL TRAINING IN THE LABORATORY DIRECTED BY DR LEROY HOOD DR LI EARNED HIS PH D IN MOLECULAR AND CELLULAR B IOLOGY FROM NEW YORK UNIVERSITY MEDICAL SCHOOL UNDER THE MENTORING OF DR EDWARD ZIFF RES EARCH FOCUS INVESTIGATION OF MOLECULAR AND GENETIC PATHWAY'S CONTROLLING ADULT STEM CELL D EVELOPMENT IN THE HEMATOPOIETIC AND INTESTINAL SYSTEMS USING TRANSGENIC AND GENE TARGETING ANIMAL MODEL APPROACHES - RONG LI, PH D , INVESTIGATOR, JOINED THE STOWERS INSTITUTE IN 2 005 FROM THE DEPARTMENT OF CELL BIOLOGY AT HARVARD MEDICAL SCHOOL WHERE SHE SERVED AS AN A SSOCIATE PROFESSOR SHE EARNED A PH D IN CELL BIOLOGY AT THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCO WITH DR ANDREW MURRAY AND HELD A DAMON RUNYON-WALTER WINCHELL CANCER RESEARCH FELLOWSHIP AS A POSTDOCTORAL ASSOCIATE WITH DR DAVID DRUBIN AT THE UNIVERSITY OF CALIFORN IABERKELEY RESEARCH FOCUS MECHANISM OF CELL POLARIZATION AND CELL MOTILITY, GENOME DYNA MICS AND CELLULAR EVOLVABILITY, AND EPITHELIAL TISSUE MORPHOGENESIS - HO YI MAK, PH D , AS SISTANT INVESTIGATOR, JOINED THE STOWERS INSTITUTE IN 2006 FROM A HUMAN FRONTIER SCIENCE P ROGRAM POSTDOCTORAL FELLOWSHIP IN THE LABORATORY OF DR GARY RUVKUN AT HARVARD MEDICAL SCHOOL DR MAK RECEIVED A PH D IN MOLECULAR PATHOLOGY FROM THE IMPERIAL CANCER RESEARCH FUND D AND UNIVERSITY COLLEGE, LONDON RESEARCH FOCUS ANALYSIS OF MOLECULAR PATHWAYS THAT REGULATE CELLULAR FAT STORAGE IN RESPONSE TO NUTRIENT AVAILABILITY AND LIPID METABOLISM

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FORM 990, PART III, LINE 4 CONT	Reference	TATJANA POTROWSKI, Ph.D. ASSOCIATE INVESTIGATOR, JOINED THE STOWERS INSTITUTE IN 2011 FROM THE LINIVERSITY OF LITARYS SCHOOL, OF MEDICAE WHERE SHE WAS AN ASSOCIATE PROFESSOR IN THE DEPARTMENT OF INJERVOBIOLOGY AND ANATOMY. SHE RECEIVED HER MASTER'S DEGREE FROM THE UNIVERSITY OF TENNION, GERMANY, AND HER DOCTORATE DEGREE FROM THE MAX PLANCK INSTITUTE FOR DEVELOPMENTAL BIOLOGY IN TBINGEN RESEARCH FOOLS COLLECTIVE CELL MICRATION, CELL TYPE SPECIFICATION AND STEM CELL BIOLOGY. Y LEBERATISH AS A MODEL SYSTEM. A LELANARD SINCHEZ ALVARADO, PH.D. INVESTIGATOR, JOINED THE STOWERS INSTITUTE IN 2011 FROM THE UNIVERSITY OF UTAHS SCHOOL OF MEDICINE. WHERE HE HELD THE HE A B.D. THE A B. BUNDA GROPESSORSHEP OR BURDBIOLOGY AND A NATOMY HE RECEIVED A B.S. IN MOLECULAR BIOLOGY AND CHEMISTRY FROM VANDERBILLT UNIVERSITY OF CINCINNATION HE RECEIVED A B.S. IN MOLECULAR BIOLOGY AND CHEMISTRY FROM VANDERBILLT UNIVERSITY OF CINCINNATIO CLUEGE OF MEDICINE. ON CONTINUT, OHIO RESEARCH FOOLS THE MOLECULAR AND CELL LILLAR MEDICHARISMS. UNDERPRINING ANIMAL REGISTRATION LOSS THE A NAME AND CELL LILLAR MEDICHARISMS. UNDERPRINING ANIMAL REGISTRATION LOSS THE A NAME AND CELL LILLAR MEDICHARISMS. UNDERPRINING ANIMAL REGISTRATION LOSS THE ANIMARIAN SCHMOTER MEDITERRAN EA AS A MOCEL SYSTEM. ALL SHILLATEARD, HELD, IN WESTICATOR, JOINED THE STOWERS INSTITUTE IN 2007 FROM THE SANT LOUIS UNIVERSITY SCHOOLO OF MEDICINE WHERE HE WAS A PROFESSOR OF BIO CHEMISTRY AND ASSOCIATE DIRECTOR FOR BASIC SCIENCES AT THE SANT LOUIS UNIVERSITY OF CHEMISTRY AND ASSOCIATE DIRECTOR FOR BASIC SCIENCES AT THE SANT LOUIS UNIVERSITY OF CEORGIA AND THE UNIVERSITY OF CINCLARD AS SOCIATE DIRECTOR FOR BASIC SCIENCES AT THE SANT LOUIS UNIVERSITY CONCERN CHEMISTRY AND ASSOCIATE DIRECTOR FOR BASIC SCIENCES AT THE SANT LOUIS UNIVERSITY OF CEORGIA AND THE UNIVERSITY OF CINCLARD AS SCHOOL OF MEDICINE RESEARCH FOOLIS MOLECULAR PATHWAY OF CHEMISTRY AND ASSOCIATE IN STITUTE OF THE CONTROL OF SHARING AND AND ADDITIONAL CHEMISTRY AND ASSOCIATE IN STITUTE OF CONTROL OF SHARING AND ADDITION
		RESEARCH AT MASSACHUSETTS INSTITUTE OF TE CHNOLOGY WHERE SHE WAS THE RECIPIENT OF A LONG- TERM POSTDOCTORAL FELLOWSHIP FROM THE HUMAN FRONTIER SCIENCE PROGRAM DR ZEITLINGER EARNED A PH D IN MOLECULAR BIOLOGY FROM THE EUR OPEAN MOLECULAR BIOLOGY LABORATORY IN HEIDELBERG, GERMANY RESEARCH FOCUS ANALYSIS OF THE GENE REGULATORY NETWORKS UNDERLYING CELLULAR DIFFERENTIATION TECHNOLOGY CENTERS - PAUL KU LESA, PH D, DIRECTOR OF IMAGING, JOINED THE STOWERS

ldentifier Return Reference	Explanation
FORM 990, PART III, LINE 4 CONT	SA RECEIVED A PH D IN APPLIED MATHEMATICS UNDER DR J D MURRAY AT THE UNIVERSITY OF WASH INGTON RESEARCH FOCUS CELL MIGRATION IN DEVELOPMENT AND CANCER - ARCADY MUSHEGIAN, PH D , DIRECTOR OF BIOINFORMATICS RESEARCH, JOINED THE STOWERS INSTITUTE IN 2001 FROM AKKADIX C ORPORATION IN SAN DIEGO WHERE HE LED THE BIOINFORMATICS PROGRAM DR MUSHEGIAN EARNED A DO CTORATE IN MOLECULAR BIOLOGY AT MOSCOW STATE UNIVERSITY AND RECEIVED TRAINING AT THE UNIVE RSITY OF KENTUCKY, UNIVERSITY OF WASHINGTON, AND WITH DR EUGENE KOONIN AT THE NATIONAL CE NTER FOR BIOTECHNOLOGY INFORMATION AT THE US NATIONAL INSTITUTES OF HEALTH RESEARCH FOC US COMPUTATIONAL ANALYSIS OF GENES AND PROTEINS MICHAEL WASHBURN, PH D , DIRECTOR OF PROT EOMICS, JOINED THE STOWERS INSTITUTE IN 2003 FROM THE TORREY MESA RESEARCH INSTITUTE IN SA N DIEGO WHERE HE WAS A SENIOR STAFF SCIENTIST IN PROTEOMICS HE EARNED A PH D IN BIOCHEMI STRY AND ENVIRONMENTAL TOXICOLOGY FROM MICHIGAN STATE UNIVERSITY BEFORE COMPLETING A POSTD OCTORAL FELLOWSHIP WITH PROFESSOR JOHN YATES, III IN THE DEPARTMENT OF MOLECULAR BIOTECHNO LOGY AT THE UNIVERSITY OF WASHINGTON RESEARCH FOCUS QUANTITATIVE PROTEOMICS AND PROTEIN COMPLEX DYNAMICS

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

SCHEDULE R (Form 990)

Name of the organization

STOWERS INSTITUTE FOR MEDICAL RESEARCH

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.

2012

DLN: 93493220008823

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (c) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes (1) STOWERS SCIENTIFIC EDUCATION INSTITUTE SUPPORT ORG DE 501(C)(3) 11A-TYPE I SIMR 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-5916445 (2) STOWERS RESOURCE MANAGEMENTINC SUPPORT ORG DE 11A-TYPE I SIMR 501(C)(3) Yes 1000 EAST 50TH STREET KANSAS CITY, MO 64110 41-2186719 (3) BIOMED VALLEY CORPORATION SUPPORT ORG DE 501(C)(3) 11A-TYPE I SIMR Yes 1000 EAST 50TH STREET KANSAS CITY, MO 64110 74-3238244 (4) STOWERS REAL ESTATE HOLDING CORPORATION TITLE HOLDING DE 501(C)(2) N/A SRM Yes 1000 EAST 50TH STREET KANSAS CITY, MO 64110 26-1472230 (5) THE GRADUATE SCHOOL OF SIMR EDUCATION DE 501(C)(3) SIMR Yes 1000 EAST 50TH STREET KANSAS CITY, MO 64110 27-4482762 (6) STOWERS POLICY INSTITUTE INC SEE PART VII DE 501(C)(4) N/A SIMR Yes 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-3270502

Part III Identification of Related because it had one or more							nization ar	swered "Y	es" to	Form	1 990, Part	IV, lı	ne 34	+	
(a) Name, address, and E related organizatio	IN of n	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal Dir domicile contr (state or ent foreign		(e) Predominant ncome(related unrelated, excluded from tax under sections 512- 514)	total incom		(h) Disproprtionat r allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percent owners	tage
									Yes	No		Yes	No		
Part IV Identification of Related line 34 because it had one of	Organizations Taxable or more related organization	as a Corpo ons treated a	ration s a cor	or Tr	r ust (Co	omplete ıf ust durıng	the orgar the tax y	nization an ear.)	swere	ed "Ye	s" to Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domici (state or fi countr	le oreign		Direct co ent	ontrolling Typ	(e) pe of entity corp, S corp, or trust)	(f) Share of tota Income	0	(g) re of en of-year assets	d- Perceni owner	tage	c	(i) ection 5 (b)(13) ontrolle entity?) ed
(1) BIOMED VALLEY	SEE PART VII				BVC	0.00	ORP							'es es	No
DISCOVERIESINC	SEE PART VII				BVC		ORP						''	es	
4520 MAIN ST SUITE 1650 KANSAS CITY, MO 64111 06-1646533		DE													

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes		
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes		
c	Gift, grant, or capital contribution from related organization(s)				1 c	Yes		
d	Loans or loan guarantees to or for related organization(s)				1d		No	
е	Loans or loan guarantees by related organization(s)				1e		No	
_	Duvidende from related evanpunction(e)				1f		No	
	Dividends from related organization(s)						No	
	Sale of assets to related organization(s)				1g 1h		No	
	Purchase of assets from related organization(s)				1i		No	
	Exchange of assets with related organization(s)				\vdash			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes		
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No	
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)				10	Yes		
Ŭ	Sharing of para employees with related organization(5)							
n	Reimbursement paid to related organization(s) for expenses				1p	Yes		
-	Reimbursement paid by related organization(s) for expenses				1q	Yes		
٦	The modern enterpart by Terrated organization (by for expenses				Ė			
r	O ther transfer of cash or property to related organization(s)				1r		No	
s	Other transfer of cash or property from related organization(s)				1s		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds				
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount I	nvolved		
ee A	dditional Data Table							

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate ar allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Part VII Supplemental Information

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

Ident if ier	Return Reference	Explanation
PART II, LINE 6, COLUMN B		STOWERS POLICY INSTITUTE INC ("SPI") IS AN ADVOCATE FOR A POLITICAL, ECONOMIC, AND SOCIAL ENVIRONMENT THAT ADVANCES AND PROTECTS BIOMEDICAL RESEARCH AND CURES
PART IV, COLUMN B		BIOMED VALLEY DISCOVERIES, INC 'S ("BVD") PRIMARY ACTIVITY IS DEVELOPMENT AND MARKETING OF SCIENTIFIC DISCOVERIES BIOMED VALLEY CORPORATION IS THE 100% SHAREHOLDER OF BVD
PART V, LINE 2 (1)		SIMR RECEIVES ROYALTY PAYMENTS FROM BVD PURSUANT TO A LICENSED TECHONOLOGY AGREEMENT DATED JANUARY 29, 2006 THESE ROYALTY PAYMENTS DO NOT CONSTITUTE GROSS INCOME DERIVED FROM AN UNRELATED TRADE OR BUSINESS UNDER SECTION 512(B)(13) THE ROYALTY PAYMENTS FROM BVD TO SIMR DO NOT REDUCE BVD'S TAXABLE INCOME, WHICH WOULD HAVE BEEN UNRELATED BUSINESS TAXABLE INCOME IF BVD WERE EXEMPT UNDER SECTION 501(C)(3) AND HAD THE SAME EXEMPT PURPOSES AS SIMR IN ADDITION, THE SPECIAL RULE UNDER 512(B)(13)(E) APPLIES
PART V, LINE 2 (2)		SIMR RECEIVED PAYMENTS FROM BVD IN RETURN FOR A TEMPORARY USE OF SPACE
PART V, LINE 2 (3)		SIMR CONTRIBUTED FUNDS TO START THE GRADUATED SCHOOL OF SIMR
PART V, LINE 2 (4)		SSEI PROVIDED FINANCIAL SUPPORT TO SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH AND SCIENCE EDUCATION ACTIVITIES
PART V, LINE 2 (5)		BVC PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH AND SCIENCE EDUCATION ACTIVITIES
PART V, LINE 2 (6)		SRM PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH
PART V, LINE 2 (7)		IN MARCH 2009, SIMR ENTERED INTO A LEASE FOR A 280,000 SQUARE FEET BUILDING WITH STOWERS REAL ESTATE HOLDING CORPORATION ("SREHC"), A 501(C)(2) TAX EXEMPT ORGANIZATION THAT IS A RELATED PARTY OF SIMR SIMR'S LEASE PAYMENTS TO SREHC IN 2012 TOTALED \$2,230,551
PART V, LINE 2 (8)		SIMR REIMBURSED SRM FOR COSTS ASSOCIATED WITH SRM'S ADMINISTRATIVE AND SUPPORT SERVICES PROVIDED TO SIMR SRM IS A SUPPORTING ORGANIZATION TO SIMR
PART V, LINE 2 (9)		SIMR WAS REIMBURSED BY BVD FOR ADMINISTRATIVE AND LOW MARGIN COVERED SERVICES USING THE SERVICE COST METHOD
PART V, LINE 2 (10)	1	ALL OTHER TRANSACTIONS FOR LINE 1 WERE BETWEEN RELATED 501(C)(3) PUBLIC CHARITIES AND BELOW REPORTING THRESHOLDS

Software ID: Software Version:

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

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

Form 990, Schedule R, Part II - Identification of R	elated Tax-Exempt Of	yanızatıons					
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section (b)(1 control organiza	1512 3) olled
(1) STOWERS SCIENTIFIC EDUCATION INSTITUTE	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-5916445							
(2) STO WERS RESOURCE MANAGEMENTINC	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 41-2186719							
(3) BIOMED VALLEY CORPORATION	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 74-3238244							
(4) STOWERS REAL ESTATE HOLDING CORPORATION	TITLE HOLDING	DE	501(C)(2)	N/A	SRM	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 26-1472230							
(5) THE GRADUATE SCHOOL OF SIMR	EDUCATION	DE	501(C)(3)	2	SIMR	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 27-4482762							
(6) STO WERS POLICY INSTITUTE INC	SEE PART VII	DE	501(C)(4)	N/A	SIMR	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-3270502							

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
BIOMED VALLEY DISCOVERIES INC	А	398,985	MARKET VALUE
BIOMED VALLEY DISCOVERIES INC	А	14,475	MARKET VALUE
THE GRADUATE SCL OF STWRS INST FOR MED RESRC	В	2,500,000	MARKET VALUE
STOWERS SCIENTIFIC EDUCATION INSTITUTE	С	197,246	COST REIMB
BIOMED VALLEY CORPORATION	С	55,212	MARKET VALUE
STOWERS RESOURCE MANAGEMENT INC	С	60,000,000	MARKET VALUE
STOWERS REAL ESTATE HOLDINGS CORP	К	2,230,551	MARKET VALUE
STOWERS RESOURCE MANAGEMENT INC	Р	17,785,533	COST REIMBURSEM
BIOMED VALLEY DISCOVERIES INC	Q	291,036	COST REIMBURSEM