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DLN: 93493222022715

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the 201	L4 cal	endar year, or tax year beginnin	g 01-01-2014 , and ending 12-31-2	014			
B C	heck ıf applı	cable	C Name of organization STOWERS INSTITUTE FOR MEDICAL	RESEARCH		D Emplo	oyer ider	ntification number
┌ A	ddress chan	ge	% J SCOTT PETTET			20-2	993509	Э
ГΝ	ame change	:	Doing business as					
☐ Ir	ntıal return					E Teleph	one num	ber
	ınal eturn/termına	ated	Number and street (or P O box if in 1000 EAST 50TH STREET Suite	nail is not delivered to street address) Room	ı/suite	(816	926-4	000
_	mended retu pplication pe		City or town, state or province, cou KANSAS CITY, MO 64110	ntry, and ZIP or foreign postal code		G Gross	receipts \$	\$ 272,692,912
			F Name and address of prin	ncipal officer	H(a) I	s this a group	p return	
			DAVID M CHAO 1000 EAST 50TH STREET		s	ubordinates?	•	┌ Yes ┌ No
			KANSAS CITY, MO 64110		Н(b) д	re all subord	ınates	┌ Yes ┌ No
	ax-exempt	status	▼ 501(c)(3)	Insert no) 4947(a)(1) or 527		ncluded? f "No " attacl	h a list	(see instructions)
	·		/W STO WERS ORG	misert no) +3+7(a)(1) 01 327				
					H(c) (Group exemp	tion nur	mber 🗠
			Corporation Trust Association	n Other ►	L Year	of formation 2	005 M	State of legal domicile DE
P	_		escribe the organization's mission					
Governance				scontinued its operations or dispose			s net as	sets
2 0	3 Nu	mber	of voting members of the govern	ing body (Part VI, line 1a)			з	7
Activities &				of the governing body (Part VI, line			4	0
ΉΨ	5 Tot	al nu	mber of individuals employed in	calendar year 2014 (Part V, line 2a)		5	355
ă			•	ecessary)			6	2
				art VIII, column (C), line 12			7a	0
_	Б N е	t unre	lated business taxable income r	rom Form 990-T, line 34		· · · Prior Year	7b	Current Year
	8 0	ontri	butions and grants (Part VIII. li	ne 1h)		67,123,	.484	178,677,989
ĕ				ne 2g)		303,		356,003
Revenue				n (A), lines 3, 4, and 7d)		326,	,595	377,075
ď				lines 5, 6d, 8c, 9c, 10c, and 11e)		227,	,361	127,439
				(must equal Part VIII, column (A),	line	67,981,	,199	179,538,506
				IX, column (A), lines 1-3)		2,983,		3,434,645
	14 E	Benefi	ts paid to or for members (Part I	X, column (A), line 4)			0	0
.		Saları 5–10)		ee benefits (Part IX, column (A), line	:s	29,320,	,132	29,024,462
Expenses		-		column (A), line 11e)			0	0
<u>₹</u>	ь	otal fu	ndraising expenses (Part IX, column (D), line 25) ▶ 0	_			
ш	17	ther	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		41,616,	,387	41,790,239
				st equal Part IX, column (A), line 25		73,919		74,249,346
		Reven	ue less expenses Subtract line	18 from line 12		-5,938,	,576	105,289,160
Net Assets or Fund Balances					Begir	ning of Curre Year	ent	End of Year
4.55.6 B.25.6	20 T					445,494,		390,227,160
3 B	21 T					192,461,		135,642,713
			ature Block	line 21 from line 20	•	253,032,	,927	254,584,447
my l	knowledge parer has a	and lany kr	belief, it is true, correct, and con	amined this return, including accomp nplete Declaration of preparer (othe				
	17	P	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	5204
Pa	id	- ⊢	ICHELLE MICHALOWSKI Imm's name ► PricewaterhouseCoope	MICHELLE MICHALOWSKI	1	self-employed Firm's EIN 🟲	P00755)3U 4
	parer		Firm's address • 600 13TH STREET NW			Phone no (20)) <u>/</u> ////////	200
Us	e Only	- [min addition - 000 Talli alkeri NM	JOI1E 1000		THORE IN (20.	~) +1+-I(300

WASHINGTON, DC 20005

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

✓ Yes ☐ No

Part TV	Check	dist 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		Νo
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 "Yes," complete Schedule C, Part II</i>	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I^{2}	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 2	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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		N o
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	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		Νo
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	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		N o
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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 $\footnote{5pt}$	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			.厂
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, 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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		
7 a	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	7a		No
	services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		Νo
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			N. a
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			110
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	_		
0-	• ,	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		
	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 facilities			
11	Section 501(c)(12) organizations. Enter			
	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)			
17=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	<u> </u>			

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

Check if Schedule O con	itains a response	or note to any	line in this Part \	Ί.										_			
Check is believable of con-	icamo a response	or more to any	mile in this i are		•	•	•	•	•	•	•	•	•		•	•	-,

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 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		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			NI -
	more members of the governing body?	7a		No
D	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - Own website Another's website Vupon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 - ►J SCOTT PETTET
 - 1000 E 50TH STREET
 - KANSAS CITY, MO 64110 (816) 926-4000

Part VIII 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	more pers	than on is	one bot	not box h ar	chec (, unle n offic- ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JAMES E STOWERS JR	2 0	.,								
DIRECTOR (DECEASED 3/17/14)	4 0	X						0	0	0
(2) VIRGINIA G STOWERS	2 0									
DIRECTOR	2 0	Х						0	0	0
(3) DAVID A WELTE	2 0	х		х				0	1,145,266	57,975
DIRECTOR/SECRETARY	54 0									
(4) RODERICK L STURGEON DIRECTOR/CFO	2 0	х		х				0	1,334,139	54,478
(5) WILLIAM B NEAVES	40 0									
DIRECTOR/PRESIDENT EMERITUS	8 0	Х		Х				481,735	0	52,734
(6) DAVID M CHAO	40 0									
DIRECTOR/PRESIDENT/CEO	6 0	Х		Х				1,323,905	0	40,320
(7) RICHARD W BROWN	2 0	x		×				0	2,002,215	51,747
DIRECTOR/CHAIR	48 0								, ,	
(8) ROBERT E KRUMLAUF SCIENTIFIC DIRECTOR	40 0				х			481,314	0	58,074
(9) RONALD C CONAWAY	40 0								_	
INVESTIGATOR	0 0					×		271,243	0	40,320
(10) JOAN W CONAWAY	40 0									_
INVESTIGATOR	0 0					Х		268,187	0	53,760
(11) JERRY L WORKMAN	40 0					х		270,507	0	46,951
INVESTIGATOR	0 0									
(12) R SCOTT HAWLEYINVESTIGATOR	40 0					х		322,473	0	55,170
(13) RONG LI	40 0									
INVESTIGATOR	0 0					Х		258,603	0	57,664

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 d n ıs l	ne l both	oox, an d	officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
С	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	Þ	3,677,967	4,481,620	569,193

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►36

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN CENTURY COMPANIES INC, 4500 MAIN STREET KANSAS CITY, MO 64111	SEE SCH L, PART V	180,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

rants nounts	1a b
Giffs, C illar An	d d
Contributions, Gifts, Grants and Other Similar Amounts	e f g h
Contrik and Ot	g h
evenue	2a
эгисе Вк	c d
Yogram Service Revenue	2a b c d e f
<u>Ť</u>	g 3
	4 5
	6a b
	c d
	7a
	b
	c d 8a
evenue	
Other F	b c
	9a
	b c
	10a
	b c
	11a b
	c d e

/	Statement o Check if Schedu	f Revenue ule O contains a respoi	nse or note to anv lu	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated camp	paigns 1a					
ь	Membership du	es 1b					
С	Fundraising eve	ents 1 c					
d	Related organiz	ations 1d	70,160,150				
e	Government grants	s (contributions) 1e	4,477,124				
f	All other contribution	ons, gifts, grants, and 1f ot included above	104,040,715				
g	Noncash contribute 1a-1f \$	ons included in lines	173,283,450	į	İ		İ
h	Total. Add lines	s 1 a - 1 f		178,677,989			
			Business Code				+
2a	COLLABORATION F	EE FROM HHMI 501(C)	900099	356,003	356,003		
ь	(3)			,	,		
C							
d							+
e							
f	All other progra	am service revenue					1
				255.000			
g 3		ome (including dividen		356,003			
		ar amounts)		532,707			532,707
4		tment of tax-exempt bond		0			1
5	Royalties	()		5,101			5,101
6a	Gross rents	(ı) Real 14,475	(II) Personal				
ь	Less rental	14,475					
l c	expenses Rental income	0	0				
d	or (loss)	me or (loss)	<u> </u>	0			
_	.vec remeat mees	(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other than inventory	92,907,294	77,005				
b	Less cost or other basis and sales expenses	93,084,153	55,778				
c	Gain or (loss)	-176,859	21,227				
d	Net gain or (los			-155,632			-155,632
8a	Gross income fi events (not incl \$						
ь	See Part IV, lin						
c		(loss) from fundraising	Levents ▶	0			
9a	Gross income fi See Part IV , lin	rom gaming activities le 19	-				
		a					
b c		penses b (loss) from gamıng actı	vities	0			
	Gross sales of returns and allo	inventory, less					
		a					
		oods sold b					
С		(loss) from sales of inv		0			1
11.	Miscellaneous		Business Code 900099	23,038			23,038
11a h	MO QUALITY		900099	99,300			99,300
b c	OTHER REBAT	ES & REVENUE	300099	77,300			75,300
d	All other reven	ue					+
e		s 11a-11d	🕨				
12		See Instructions .		122,338			
1			· · · · •	179,538,506	356,003		504,514

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (A)
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Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,000,500	2,000,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,434,145	1,434,145		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,438,082	2,194,274	243,808	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	20,103,799	18,093,419	2,010,380	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,985,224	1,786,702	198,522	
9	Other employee benefits	3,051,926	2,746,733	305,193	
10	Payroll taxes	1,445,431	1,300,888	 	
11	Fees for services (non-employees)	, , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, -	
а	Management	0			
ь	Legal	620	0	620	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	798,813	718,932	79,881	
12	Advertising and promotion	0	,	,	
13	Office expenses	255,232	229,709	25,523	
14	Information technology	332,799	299,519	33,280	
15	Royalties	0	,	,	
16	Occupancy	2,216,076	1,994,468	221,608	
17	Travel	530,870	477,783		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,7,703	33,007	
19	Conferences, conventions, and meetings	551,337	496,203	55,134	
20	Interest	0	,		
21	Payments to affiliates	0			
 22	Depreciation, depletion, and amortization	10,048,647	9,043,782	1,004,865	
 23	Insurance	0	, 12,132	, 11,110	
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)				
а	COST-SHARING W/RELATED ORG	19,766,388	17,789,749	1,976,639	
b	LAB SUPPLIES	6,155,202	5,539,682	615,520	
c	NON-CAPITAL EQUIPMENT	591,689	532,520	59,169	
d	DUES & SUBSCRIPTIONS	77,019	69,317	7,702	
e	All other expenses	465,547	418,994	46,553	
25	Total functional expenses. Add lines 1 through 24e	74,249,346	67,167,319	<u> </u>	0
26	Joint costs. Complete this line only if the organization 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

Par	· A	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	(1	0
	2	Savings and temporary cash investments	2,275,141	2	2,227,476
	3	Pledges and grants receivable, net	305,976	3	322,362
	4	Accounts receivable, net	(4	0
	5	Loans and other receivables from current and former officers, directors, truemployees, and highest compensated employees. Complete Part II of Schedule L		5	0
र्ड	6	Loans and other receivables from other disqualified persons (as defined ur $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing and sponsoring organizations of section $501(c)(9)$ voluntary employees' borganizations (see instructions) Complete Part II of Schedule L	ider section employers		0
Assets	,	Notes and loans receivable, net		+ -	0
4	7 8	Inventories for sale or use	· •	+	6,117
	9	Prepaid expenses and deferred charges		-	444,230
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	319,791,504		444,230
	ь	Less accumulated depreciation 10b		10c	158,679,621
	11	Investments—publicly traded securities	· · · · · · · · · · · · · · · · · · ·	+	101,757,504
	12	Investments—other securities See Part IV, line 11	622,760		610,425
	13	Investments—program-related See Part IV, line 11			0
	14	Intangible assets		+	0
	15	Other assets See Part IV, line 11	183,532,885		126,179,425
	16	Total assets. Add lines 1 through 15 (must equal line 34)		+	390,227,160
	17	Accounts payable and accrued expenses	7,456,327	+	6,840,907
	18	Grants payable		+	0
	19	Deferred revenue		19	391,809
	20	Tax-exempt bond liabilities		-	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		+	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustee key employees, highest compensated employees, and disqualified			
ap		persons Complete Part II of Schedule L		22	0
\exists	23	Secured mortgages and notes payable to unrelated third parties	(23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third pa and other liabilities not included on lines 17-24) Complete Part X of Sche	dule		
		D	184,421,678		128,409,997
<u></u>	26	Total liabilities. Add lines 17 through 25	192,461,960 plete	26	135,642,713
<u>9</u>		lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	253,032,927	27	254,584,447
8	28	Temporarily restricted net assets		+	0
Fund Balances	29	Permanently restricted net assets	(29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ as complete lines 30 through 34.	nd		
<u>S</u>	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	253,032,927	33	254,584,447
-	34	Total liabilities and net assets/fund balances	445,494,887	34	390,227,160

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		179.5	538,506
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-104,1	132,090
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		254,5	584,447
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
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 sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain 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 the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

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DLN: 93493222022715

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization **Employer identification number** STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state SEE SCHEDULE A, PART VI, MO An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iii) Type of (iv) Is the organization (v) A mount of (vi) A mount of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) Tabal
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation
PART I, LINE 4	CHILDREN'S MERCY HOSPITAL IN KANSAS CITY, MISSOURI, CHILDREN'S HOSPITAL

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493222022715

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** 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 Aggregate value of contributions to (during year) 3 Aggregate value of 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) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area 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 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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) Revenue included in Form 990, Part VIII, line 1 (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 Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Collection	ns of Art,	Histor	<u>ical T</u>	reas	ures, or Oth	<u>er Simil</u>	ar Ass	ets (co	ntınued)
	Using the organization's acquisition, accession, and collection items (check all that apply)	other records	, check	any of	the fol	llowing that are	a significa	nt use	of its	
а	Public exhibition		d 「	Loan	orex	change progran	ns			
b	Scholarly research		е Г	Othe	ır					
c	Preservation for future generations									
4	Provide a description of the organization's collection: Part XIII	s and explain	how the	ey furth	er the	organızatıon's	exempt pu	rpose in	1	
	During the year, did the organization solicit or receiv						ımılar	_	,	
Pari	assets to be sold to raise funds rather than to be ma						'Vec" to F		Yes	No
ren	Part IV, line 9, or reported an amount o					on answered	163 (01	OIIII 9:	,	
	Is the organization an agent, trustee, custodian or ot included on Form 990, Part X?	ther intermed	ary for	contrib	utions	or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the fo	llowing	table		_				
						<u> </u>		Am	ount	
с	Beginning balance					10				
d	Additions during the year					10				
e •	Distributions during the year					16				
f	Ending balance	B () ()				11		<u></u>		
2a	Did the organization include an amount on Form 990	, Part X, line	21, for 6	escrow	orcus	todial account	liability?	ı	Yes	□ No
	If "Yes," explain the arrangement in Part XIII Check									<u> </u>
Par		rganization rrent year	answe (b)Prio		_	Form 990, P Two years back ((e) Four v	ears back
1a	Beginning of year balance	irene year	(B)i iio	y cui	15 (6)	TWO YEARS BUCK (a) mee year	3 Back	(C) our y	cars back
b	Contributions				+					
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the current year	r end balance	(line 1	g, colun	nn (a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment 🕨									
	Temporarily restricted endowment - The percentages in lines 2a, 2b, and 2c should equa	l 100%								
	Are there endowment funds not in the possession of	the organızat	on that	are hel	d and	administered f	or the		F	
	organization by (i) unrelated organizations							. 3a(i	Yes	No
	(ii) related organizations							3a(ii		
b	If "Yes" to 3a(II), are the related organizations listed		on Sche	dule R?	, <u>.</u>			. 3b		<u> </u>
4	Describe in Part XIII the intended uses of the organi	ızatıon's endo	wment	funds						
Pari	11a. See Form 990, Part X, line 10.	mplete ıf th					_			
	Description of property			Cost or (inves		(b) Cost or othe basıs (other)	(c) Accur deprec		(d) Bo	ok value
1 a ∟	and					3,400,00	0			3,400,000
b B	uildings					224,878,38	0 84,	,144,290	14	0,734,090
c L	easehold improvements						0			
	quipment					91,380,43	2 76,	,967,593	1	4,412,839
e 0	ther					132,69	2 l			132,692
	Add lines 1a through 1e (Column (d) must equal Form					·		-		8,679,621

See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. C	Complete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of va	aluation
(a) Description of investment	(b) Book value	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. Complete if the organization (a) Description), Part IV, line 11d See	Form 990, Part X, line 15 (b) Book value
(1) ANNUITY RECEIVABLE	Приоп		126,034,817
(2) OTHER RECEIVABLES			144,208
(3) DEPOSITS			400
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		126,179,425
Part X Other Liabilities. Complete if the org			
Form 990, Part X, line 25.	(b) Daale l		
1 (a) Description of liability	(b) Book value		
Federal income taxes	5 649 424		
ANNUITY PAYABLE	5,649,424 122,760,573		
	122,,00,373		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	128,409,997		
2. Liability for uncertain tax positions. In Part XIII, provi	de the text of the footnote to t	he organization's financia	al statements that reports the

Par		Revenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		s With Revenue	per Re	turn Complete if
1	-	er support per audited financial statements			1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
ь	- '	facilities	2b		1	
c	Recoveries of prior year grant	ts	2c		1	
d)	2d		1	
e	Add lines 2a through 2d	· 	· ·		2e	
3	Subtract line 2e from line 1 .	3				
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII	1				
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12).		5	
Part		xpenses per Audited Financial Sta		its With Expense	s per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line				1
1	·	er audited financial statements			1	
2		ut not on Form 990, Part IX, line 25	1	Ī		
а		facilities	2a		_	
Ь			2b		_	
С			2c			
d	Other (Describe in Part XIII		2d		_	
е	_				2e	
3					3	
4		90, Part IX, line 25, but not on line 1:	1	1		
а	·	luded on Form 990, Part VIII, line 7b				
Ь)	4b		_	
С					4c	
5		ind 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental In					
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and				e any additional
	Return Reference	Explanation				
PART	X, LINE 2	FIN 48 FINANCIAL STATEMENT FOOTN STOWERS INSTITUTE FOR MEDICAL RE INSTITUTE RECOGNIZES THE EFFECT OF POSITIONS ARE MORE LIKELY THAN NOT POSITIONS ARE MEASURED AT THE LAST OF BEING REALIZED THE INSTITUTE IN SECTION 501(C)(3) AND ONE TAXE OF THE CODE THEREORE, IT IS THE INTERNATION OF THE COME TO ME T	SEARCI OF INCO OT OF B RGEST NCLUDE XEMPT I	H (THE INSTITUTE) I DME TAX POSITIONS EING SUSTAINED F AMOUNT THAT IS G ES FIVE TAX-EXEMP ENTITY AS DESCRIB	IS AS F S ONLY RECOG REATE T ENTI BED IN	OLLOWS THE IFTHOSE NIZED INCOME TAX R THAN 50% LIKELY TIES AS DESCRIBED SECTION 501(C)(2)

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493222022715

OMB No 1545-0047

Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

STOWERS INSTITUTE FOR MEDICAL RESEARCH

Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

20-2993509

Dart T	General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Part II Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET KANSAS CITY, MO 64110	46-4588696	501(C)(3)		2,000,000	FMV	FI SECURITIES	SEE PART IV

2	nter total number of section $501(c)(3)$ and government organizations listed in the line 1 table .	

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

Part III Grants and Other Assistance to Domestic Individuals. 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	45	1,434,145		N/A	N/A

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	Explanation					
PART I, LINE 2	SIMR PROVIDES TRAINING STIPENDS/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 CONTRIBUTES ANNUAL FUNDING TO FINANCE 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					

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DLN: 93493222022715

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

STOWERS INSTITUTE FOR MEDICAL RESEARCH

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

20-2993509

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee ✓ Written employment contract			
	✓ Independent compensation consultant ✓ 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, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
ь	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 A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	V-7	,		

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

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference	Explanation
	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
•	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

Schedule J (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

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

(A) Name and Tıtle		(B) Breakdown of (i) Base Compensation	of W-2 and/or 1099-MISC compensation (ii) Bonus & (iii) Other Incentive reportable compensation compensation		(C) Retirement and other deferred compensation	other deferred benefits (B)(ı)		(F) Compensation in column (B) reported as deferred in prior Form 990
1 DAVID A WELTE, DIRECTOR/SECRETARY	(I) (II)	0 1,072,485	0	0 72,781	0 39,000	0 18,975	0 1,203,241	0
1 RODERICK L STURGEON, DIRECTOR/CFO	(I) (II)	0 1,251,081	0	0 83,058	0 39,000	0 15,478	0 1,388,617	0 0
2 WILLIAM B NEAVES, DIRECTOR/PRESIDENT EMERITUS	(I) (II)	472,850 0	0	8,885 0	39,000	13,734 0	534,469 0	0 0
3 DAVID M CHAO, DIRECTOR/PRESIDENT/CEO	(I) (II)	1,317,598 0	0	6,307 0	39,000 0	1,320 0	1,364,225	0
4 ROBERT E KRUMLAUF, SCIENTIFIC DIRECTOR	(I) (II)	477,123 0	0	4,191 0	39,000 0	19,074 0	539,388	0
5 RONALD C CONAWAY, INVESTIGATOR	(I) (II)	268,921 0	0	2,322	39,000 0	1,320 0	311,563	0
6 JOAN W CONAWAY, INVESTIGATOR	(I) (II)	265,865 0	0	2,322	39,000	14,760 0	321,947	0
7 JERRY L WORKMAN, INVESTIGATOR	(I) (II)	268,185 0	0	2,322	39,000	7,951 0	317,458	0
8 R SCOTT HAWLEY, INVESTIGATOR	(I) (II)	265,064 0	0	57,409 0	39,000 0	16,170 0	377,643	0
9 RICHARD W BROWN, DIRECTOR/CHAIR	(I) (II)	0 1,970,055	0	0 32,160	0 39,000	0 12,747	0 2,053,962	0
10 RONG LI, INVESTIGATOR	(I) (II)	257,793 0	0	810	39,000	18,664 0	316,267	0

DLN: 93493222022715

OMB No 1545-0047

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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the or	rganization UTE FOR MEDICAL	DESEADOH					E	mploy	er ident	ificatio	n numbe	er
STOWERS INSTIT	OTE FOR MEDICAL	KESEAKCH					2	20-29	93509			
	ess Benefit											
	plete if the orga											
1 (a) Nan	ne of disqualified	person (b)		iip between d and organiza		(c) Desc	ription	of tra	nsaction			rected?
			person	and organiza	cion					-	Yes	No
												l
4958. 3 Enter the Part II Loans to a Complete if th	amount of tax in amount of tax, in nd/or From ne organization a mount on Form 9	fany, on line 2, Interested I	above, rem Persons. on Form 9	mbursed by t		on	· ·	 	► \$ ► \$		anızatıo	n
(a) Name of interested person	(b) Relationsl with organizat		(d) Loar or from t organizat	he	(e)Original principal amount	(f) Balance due	(g) defai		(h) Approby boar	ved rd or	(i)Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
Со	ants or Assi											
(a) Name of i	nterested (I	organization a b) Relationship terested persor	between		orm 990, Pa of assistance			ıstano	e (e)) Purpo	se of as:	sıstance

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>n answered res on r</u>	'orm 990, Part IV, III	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	1 -	: zation's
	organization			reveni	
				Yes	No
(1) AMERICAN CENTURY COMPANIES INC	SEE PART V	180,000	SEE PART V		No
(2) JULIA ZEITLINGER PhD	SEE PART V	130,461	EMPLOYEE OF SIMR		No
(3) LEANNE WIEDEMANN PhD	SEE PART V	197,446	EMPLOYEE OF SIMR		No

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV, LINE (1) COLUMN B	VIRGINIA G STOWERS, RICHARD W BROWN, DAVID A WELTE, DAVID M CHAO, WILLIAM B NEAVES AND RODERICK L STURGEON ARE CURRENT DIRECTORS OF SIMR AND ALSO DIRECTORS OF AMERICAN CENTURY COMPANIES, INC ("ACCI") JAMES E STOWERS JR (DECEASED 3/17/14), A DIRECTOR OF SIMR, IS ALSO THE FOUNDER OF ACCI
PART IV, LINE (1) COLUMN D	SIMR RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS ("ACI") ACI IS A WHOLLY OWNED SUBSIDIARY OF ACCI SIMR PAYS THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH INVESTOR THE VALUE OF THESE SERVICES, ESTIMATED BY MULTIPLYING SIMR'S AVERAGE AMOUNT OF INVESTMENT HOLDINGS THROUGHOUT THE YEAR BY THE PUBLISHED ADMINISTRATIVE FEE PERCENTAGE FOR THE APPLICABLE INVESTMENTS, WAS APPROXIMATELY \$180,000 IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SIMR SELECTED A HIGH QUALITY INVESTMENT 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 ASSOCIATE 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 PREDOCTORAL FELLOWSHIP FROM THE HUMAN FRONTIER SCIENCE PROGRAM LEANNE WIEDMANN, PH D, IS THE SPOUSE OF ROBERT KRUMLAUF, 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

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DLN: 93493222022715

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

27

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Internal Revenue Service Name of the organization

Employer identification number

STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509 Part I Types of Property (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining or items contributed amounts reported on noncash contribution amounts ıf applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests . 4 Books and publications Clothing and household Cars and other vehicles . . Boats and planes 8 Intellectual property . . . 9 Securities—Publicly traded . Χ 70,051,873 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Oualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . **18** Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . . 103,231,577 FAIR MARKET VALUE 25 Other ▶ (SEE PART II) **26** Other ►(_ Other►(_ 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II

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

	nd whether the organization is reporting in Part I, column (b), the number of contributions, the is received, or a combination of both. Also complete this part for any additional information.
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
PART 1, LINE 25	THE NONCASH CONTRIBUTION WAS A GIFT ANNUITY (PARTIAL) ASSIGNMENT BACK TO SIMR MADE BY VIRGINIA G STOWERS, A CO-FOUNDER OF SIMR

Schedule M (Form 990) (2014)

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DLN: 93493222022715

OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 2	JAMES E STOWERS JR (DECEASED 3/17/14) AND VIRGINIA G STOWERS, DIRECTORS OF SIMR, HAVE A FAMILY RELATIONSHIP JAMES E STOWERS JR (DECEASED 3/17/14), VIRGINIA G STOWERS, RICHARD W BROWN, DAVID A WELTE, WILLIAM B NEAVES, 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

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 BRY AN CAVE, LLP PRICEWATERHOUSECOOPERS ("PWC"), OUR EXTERNAL TAX PREPARERS, USE THIS INFORMATION TO PREPARE THE FORM 990 THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS REVIEWED BY THE OFFICERS OF SIMR BEFORE IT IS FILED WITH THE IRS AFTER THE PREPARATION AND REVIEW PROCESS DESCRIBED ABOVE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S BOARD BEFORE IT IS FILED WITH THE IRS

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 TAX-EXEMPT PURPOSE.

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

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

Return Reference	Explanation
SECTION A, COLUMN B	DAVID M CHAO, OFFICER OF SIMR, AND R SCOTT HAWLEY, EMPLOYEE OF SIMR, ALSO PERFORM SUPPORT SERVICES FOR ONE OR MORE OF THE RELATED ORGANIZATIONS DISCLOSED IN SCHEDULE R THESE SERVICES ARE PERFORMED IN THEIR ROLE AS SIMR EMPLOYEES AND SIMR IS REIMBURSED BY THE RELATED ORGANIZATIONS

Return Reference	Explanation
	OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING CHANGE IN ANNUITY RECEIVABLE, NET (27,360,126) * OTHER CHANGES IN ANNUITY PAYABLE, NET (76,771,964)

FORM 990, PART III, LINE 4 SURVIVED A BOUT WITH CANCER AND SUBSEQUENTLY 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	Return Reference	Explanation
DEFECTS, AND DEMENTIA BASIC RESEARCH CONDUCTED AT SIMR SHOULD POINT THE WAY TO THE DEVELOPMENT OF NEW PREVENTIONS, TREATMENTS, AND CURES FOR GENE-BASED DISEASES	PART III, LINE	NONPROFIT MEDICAL RESEARCH ORGANIZATION SIMR WAS FOUNDED IN 1994 BY JIM AND VIRGINIA STOWERS, WHO EACH SURVIVED A BOUT WITH CANCER AND SUBSEQUENTLY 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

Explanation	
FORM 990, PART III, LINE 4 CONT	2014 NOTA BLE RESEARCH RESULTS IN 2014, SIMR RESEARCH TEAMS MADE DISCOVERES MERITING PUBLICATION IN LEADING PERR REVEW AND SCENTRIC JOURNALS - 67 ORIGINAL RESEARCH PARERS IN ALL SIMR RESEARCH TEAMS ALSO PRODUCED 33 OTHER PUBLICATIONS INCLUDING REVIEWS, COMMINANTERS, BOX CHAPTERS, AND BOOKS SOME OF THE HIGHLIGHTS AMONG PAPERS PUBLISHED IN 2014 NOLUDE THE WORKMAN LAB FOUND THAT FRUIT FLES THAT LACK THE ATXAN 7 GENE EXPRENCE HEROCOGENERAT ON IN THE BRAIN AND THE EYE PARALLELING THE EFFECTS OF THE HUMAN DESASE SPINOCREBELLAR ATXAN 7 GENE EXPRENCE AND RECOGNERATION TO THE SPECIAL TO THE SPECIAL SECTION OF THE FRUIT FLES THAT LACK THE ATXAN 7 GENE EXPRENCE AND RECOGNERATION TO THE SPECIAL SECTION OF THE HUMAN DESASE SPINOCREBELLAR ATXAN 7 GENE EXPRENCE AND MECHANISMS, AS WELL AS POTENTIAL TREATMENTS, FOR RELATED HUMAN IN THE SPECIAL TYPE OF THE CALLS AND THE ATXAN 7 GENE A DEVELOPMENT IN THE LASPER SEN LAB HAS GLIMPSED TWO PROTEINS WORKING TOGETHER NISDE LLIVING CELLS TO FACILITATE COMMUNICATION BETWEEN THE INTERIOR AND EXTEROR ELEMENTS OF THE CELLS IN LACLE ASSISTED BY STO WERS RESEARCH ADVISORS, THE TEAM DETERMINED THE MICROSCOPE MOVEMENT OF THE FROTEINS IN LIVE CELLS IN ADDITION TO DEMONSTRATING THE VALUE OF AN IMPORTANT HER WINAGING TECHNOLE, THIS STUDY ENTRY AND ADDITION TO DEMONSTRATING THE VALUE OF AN IMPORTANT HER DURANLE OF CELLS ON THE PROTEINS IN LIVE CELLS IN ADDITION TO DEMONSTRATING THE VALUE OF AN IMPORTANT HER DURANLE OF CELLS ON THE PROTEINS IN LIVE CELLS IN ADDITION TO DEMONSTRATING THE VALUE OF AN IMPORTANT HER DURANLE OF CELLS ON THE PROTEINS IN THE FRUIT FLY BRAIN THAT ARE ESSENTIAL FOR STORING LOCKY. THE SILAD FOR ANATOR THE PROTEINS IN THE FRUIT FLY BRAIN THAT ARE ESSENTIAL FOR STORING LOCKY. THE SILAD FOR ANATOR THE PROTEINS IN THE FRUIT FLY BRAIN THAT ARE CONSERVED. THE SILAD FOR ANATOR THE PROTEINS IN THE FRUIT FLY BRAIN THAT ARE CONSERVED. THE FRUIT FLY GORDING THE FRUIT FLY GRAIN THAT THE PROTEINS IN THE FRUIT FLY GORDING THE FRUIT FLY GORDING THE FRUIT FLY GORDING THE FRUIT FLY GORDING TH
	FORM 990, PART III, LINE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4 CONT	PART IN AN ELABORATE SEQUENCE THAT RESULTS IN SEX CELLS WITH EXACTLY HALF THE NUMBER OF CH ROMOSOMES AS THE PARENT CELL A SINGLE MISSTEP CAN CAUSE INFERTILITY, MISCARRIAGE, AND BIR TH DEFECTS WITHOUT THE TOPOISOMERASE II ENZYME, FEMALE FRUIT FLIES WERE UNABLE TO COMPLET E THE PROCESS OF CELL DIVISION REQUIRED TO PRODUCE EGG AND SPERM CELLS FOR SEXUAL REPRODUCTION (PUBLISHED OCTOBER 23, 2014, IN PLOS GENETICS)

Return	Explanation	
Reference		
	FORM 990, PART III, LINE 4 CONT	Comprehensive List of 2014 Original Research Papers, Reviews, Commentaries and Book Chapter's Original Research Papers' 1 Adler CE, Sedel CW, McKinney SA, Snchez Alvarado A Selective amputation of the pharynx identifies a Fox-A-dependent regeneration program in planaria eLife (Cambridge) 2014;3 e02238: 2 Ahn Y, Mullan HE, Krumfauf R Long-range regulation by shared retinoic acid response elements modulates dynamic expression of posterior Noxb genes in CNS development. Dev Biol. 2014;388: 134–144. 3 Avena. JS, Burns S, Yu. Z, Emseier CC, Old WM, Jaspersen SL, Winey M. Licensing of Yeast Centrosome Duplication Requires Phospho regulation of posterior Noxb genes in 10040666. 4 Baley CM Kulesa RM Dynamic Interactions between Cancer Cells and the Embryonic Microenvironment Regulate Cell Invasion and Re veal EphB6 as a Metastasis Suppressor Mol. Cancer Res. 2014;12:1303–1313. 5 Banks CAS, Lask shiminarasimian M, Washburn MP. Shotgun Proteomos In eLS. Chichester, England. John Wiley & Sons, Ltd. 2014. doi:10.1002/9780470015902.00006197 pub2. 6 Banks CA, Lee ZT, Boanca G, Laishminarasimian M. Groppe BD, Wen Z, Hattem GL, Sedel CW, Florens L, Washburn MP. Contro lling for gene expression changes in transcription factor protein networks. Mol Cell Prote omics. 2014;13:1510-1522. 7 Bauerly E, Hughes SE, Vietti DR, Miller DE, McDow ell W, Hawley RS. Discovery of Supernumerary B Chromosomes in Drosophila melanogaster. Genetics. 2014;1, 96:1007-1016. 8 Callier P, Calvel P, Matevossian A, Makrythanasis P. Bernard P, Kurosaka H, Vannier A, Thauvin-Robinet C, Borel C, Mazaud-Guittot S, Rolland A, Desdots-Lethmonier C, Giupponi M, Zimmermann C, Stevant I, Ruhne F, Conne B, Santoni F, Lambert S, Huet F, Mugneret F, Jaruzelska J, Fawre L, Wilhelm D, Jegou B, Trannor PA, Resh MD, Antonarakis SE, Ne'S Loss of Function Mutation in the Palimtoyl Transferase HHAT Leads to Syndromic 46, XY Disorder of Sex Development by Impeding Hedgehog Protein Palimtoylation and Signaling PLoS Genet. 2014;1,0 e1004340. 9 Cervantes S, Bunnik EM, Sanfa A,

Return Reference	Explanation	
	FORM 990, PART III, LINE 4 CONT	s New Insights on Dynamic F-Actin Filopodia and Differential Endocytosis during Myoblast F usion in Drosophila PLoS One 2014,9 e114126 24 Harris B, Bose T, Lee KK, Wang F, Lu S, Ross RT, Zhang Y, French SL, Beyer AL, Slaughter BD, Unruh JR, Gerton JL. Cohesion promote is nucleoler structure and function Mis Biol Cell 2014,25 337-346 25 Hepp MI, Alarcon V, Dutta A, Workman JL, Gutierrez JL. Nucleosome remodeling by the SWISNF complex is enhance d by yeast High Mobility Group Box (HIMGB) proteins Biochim Biophys Acta 2014,1839 764-77 22 64 Herz HM, Morgan M, Gao X, Jackson J, Rickels R, Swanson SK, Florens L, Washburn MP, Essenberg JC, Shlatifard A. Histone H3 lysine-to-methionine mutants as a paradigm to strudy chromatin signaling Science 2014,345 1065-1070 27 Hew awasam GS, Mattingly M, Venkat esh S, Zhang Y, Florens L, Workman JL, Gerton JL, Phosphorylation by Cassein Kinase 2 Facil Itates Psh1 Protein—assisted Degradation of Cse4 Protein J Biol Chem 2014,289 29297-2930 9 28 Hollopeter G, Lange JJ, Zhang Y, Vu TN, Gu M, Alilon M, Lambie EJ, Slaughter BD, Uhr uh JR, Florens L, Jorgensen EM The membrane-associated proteins FCHo and SGIP are alloste to activators of the AP2 clathrin adaptor complex eLife (Cambridge) 2014,3 e30348 29 Huang F, Paulson A, Dutta A, Venkatesh S, Smolle M, Abmayr SM, Workman JL. Histone acetyltr ansferase Enok regulates ocyte polarization by promoting expression of the actin nucleation factor spire. Genes & Dev. 2014;82 750-2763. 01-Highes SE, Hawley RS. Toposomerase Il is required for the proper separation of heterochromatic regions during Drosophila female meiosis. PLoS Genet. 2014;10 e1004650. 31 lkm A, Gaertner B, Seidel C, Srivastava M, Zeit tinger J, Gibson MC. Molecular Evolution of the Yap/Yorkie Proto-oncogene and Elucidation of its Core Transcriptional Program MD Biol Evol. 2014;3;1 375-1390. 32 klm A, McKinney SA, Deventhal KM, Gloson MC. TALEN and CRISFR/Cas9-mediated genome editing in the early -branching metazoan Nematostella vectensis. Nat Commun. 2014;5;5486, doi 10 103

Return Reference	Explanation
FORM 990, PART III, LINE 4 CONT	Reviews, Commentaries or Chapters 1 Banks CAS, Lakshminarasimhan M, Washburn MP Shotgun Proteomics in eLS Chinchester John Wiley & Sons, Ltd, 2014 doi 10 1002/978047001 5902 a0006197 pub2 2 Cao K. Shialtariad A Inhibit Globally, Act Locally (DCM7 Inhibitors in Cancer Therapy Cancer Cell 2014, 26 158-159 3 Fresdal A, Triannor PA Development and evolution of the pharyngoal apparatus. Wiley Interdiscip Rev Dev Biol 2014, 3 403-418. 4 Gaertner B, Zeitlinger J. RNA polymerase II pausing during development. Development 2014,141 1179-1183. 5 He XC, Li Z, Sugimura R, Ross J, Zhao M, Li L, Horning and migration assays of hematopoietic stern/progenitor cells. Methods Mol Biol. 2014,1812 579-284. 6 Herz HM, Hu D, Shilatifard A. Enhancer Malfunction in Cancer. Mol Cell. 2014,58 59-866. 7 Katta SS, Smoyer CJ, Jaspersen SL. Destination inner nuclear membrane. Trends Cell. Biol. 2014,24 221-229. 8 Lakshminarasimthan M, Washburn MP. Quantitative Proteomics. Characterization of Chromatin-Remodeling Complexes. In Emil A, Greenblatt J, Wodak S, eds. Health and Disease Systems. Analysis of Chromatin-Related Protein Complexes in Cancer. SpringerLink, 2014 177-196. 9 Li G, Li M, Zhang Y, Wang D, Li R, Gumera R, Gao JT, Zhang MD. ModuleRole. A Tool for Modulization, Role Determination and Visualization in Protein-Protein Interaction Networks. FLoS One. 2014, 9 e94608. 10 Lush ME, Potrowski T. Sensory hair cell regeneration in the zebrafish lateral line. Dev Dyn. 2014, 243 1187-1202. 11 Miller DE, Hawley RS. Tetrad analysis in the mouse. Nat Gene 2014, 466-463-1046. 12 Mohan RD, Abmayr SM, Workman JL. The expanding role for chromatin and transcription in polyglutamine disease. Spinocerebaliar Ataxia 7 Rare Dis. 2014, 22 e28859. 14 Mohan RD, Workman JL, Ehuling complexes out of complex diseases. Spinocerebaliar Ataxia 7 Rare Dis. 2014, 22 e28859. 14 Mohan RD, Workman JL, Fulling complexes out of complex diseases. Spinocerebaliar Ataxia 7 Rare Dis. 2014, 28 e2859. 14 Mohan RD, Workman JL, Fulling complexes out of complex diseases. Spino

Return Reference	Explanation
FORM 990, PART III, LINE 4 CONT	Competitive Research Grant Funding & Research Awards & Distinctions The ability of Stowers Institute scientists to receive increasing numbers of competitively awarded research grants attests to the high level of research productivity present at the Institute During 2014, Stowers scientists worked with the support of 30 grants and fellowships from the National Institutes of Health, three grants and fellowships from the American Cancer Society, one grant from the Cornelia de Lange Syndrome Foundation, one grant from the March of Dimes, one fellowship from the American Heart Association, one award from The Elison Medical Foundation, one grant from the Greater Kansas City Community Foundation, one Hudson Prize from the M.R. and Evelyn Hudson Foundation, one grant from the Hearing Health Foundation, one fellowship from the Japan Society for the Promotion of Science, one fellowship from the American Association of Anatomists, and two investigator awards from the Howard Hughes Medical Institute With new and recurring grant support, the Institute is receiving more than \$6 million a year in research funding to supplement the income from its endow ments. Testifying to the high level of achievement taking place at the Institute are the awards and honors Institute members received in 2014. Jennifer Gerton, Ph.D., received a grant from March of Dimes. Rong Li, Ph.D., received a grant from the National Institute of Neurological Disorders and Stroke. Kausik Si, Ph.D., received a grant from the National Institute of Mental Health. Ron Yu, Ph.D., received a grant from the National Institute of Health. Ron Yu, Ph.D., received a grant from the National Institute. Baoshan Xu, Ph.D., was awarded a research grant from the Cornelia de Lange Syndrome Foundation. Naomi Tjaden was selected for a Ruth. L. Kirichstein National Research Service Award fellowship funded by the National Institutes of Health. Caleb Bailey, Ph.D., was awarded an American Association of Anatomists postdoctoral fellowship. Yuichiro Nakajima, Ph.D., was awarded a

Return Reference	Explanation	
Reference	FORM 990, PART III, LINE 4 CONT	Cooperation Agreements and Collaborations in 2014, the Stowers institute participated in collaborations with the following hospitals - Children's Mercy Hospital and All Shil attraid, Ph.D., from Children's Mercy Hospital and All Shil attraid, Ph.D., from the Stowers Institute. This research examines the role of the make of Ineage leukema (MLL) gene in infant and adolescent leukema for them 80 percent of infant leukema cases involve a problem with MLL. This work aims to further elucidate MLL's molecular targets and partner proteins in human leukema cells and may enable the identification of novel targets for drug development - Children's Hospital Medical Center and Paul Trainor, Ph.D., from the Stowers Institute. About one-third of all human congenital birth defects exhibit cranifocial (head of race) ahornmalities. Cranifocial defects have both genetic and environmental causes. This research employs technologies to situdy all of the genes involved in facial development to allow a more detailed understanding of this complex process. This collaboration generates gene expression databases for the cranifocial research community and may enable new approaches to treat and prevent cranifor acial defects Mattel Children's Hospital at the University of California, Los Angeles, California, Los Angeles, California and Fengchao Wang, Ph.D., and Limheng Li, Ph.D., from the Stowers Institute. This research focuses on intestinal epithesial stem cells and determining how these cells interact with their local environments to achieve growth the stability. These studies are designed to advance our know ledge of intestinal stem cell biology that may aid in the development of novel cell transplantation methods for the treatment of int estinal diseases and disorders L'hopital de Bocage, Dijon, France - Collaborators inclu de Patrick Caliller, Christel Thauvin-Robinet, Sandy Lambert, Frederic Huet, Francine Mugne ret, and Laurence Favre from L'Hopital de Bocage and Hroshi Kurosaka, Ph.D., and Paul Trannor, Ph.D., from the Stower

Return Reference	Explanation	
	FORM 990, PART III, LINE 4 CONT	terans Affairs Greater Los Angeles Healthcare System, Washington University School of Medicine, Weill Medical College of Cornell University, and Yale University School of Medicine. In total, Stowers researchers successfully collaborated with colleagues at 60 national and 37 international hospitals, universities, and research institutes. In addition to the in stitutions listed above, collaborators included. American Museum of Natural History, Buck Institute for Research on Aging, California Institute of Technology, Chinese Academy of Sciences, Beijing, China, Dalhousie University, Canada, Gladstone Institute of Cardiovascular Disease, Harvard University, Hubrecht Institute, Utrecht, The Netherlands, Institute for Systems Biology, Seattle, Washington, Kangwon National University, Chuncheon, Republic of Korea, King's College London, United Kingdom, Korea Research Institute of Bioscience and Biotechnology, Kyoto University, Japan, Ludwig Maximilian University of Munich, Germany, Monash University, Clayton, Australia, Open University, United Kingdom, Polish Academy of Sciences, Poznan, Poland, Purdue University, Regis University, Rockefeller University, Rush University, Sanford-Burnham Medical Research Institute, Scripps Research Institute, Swiss Institute of Bioinformatics, Lausanne, Switzerland, Tel Aviv University, Israel, Tsinghua University, Beijing, China, Universidad de Concepcion, Chile, Universite de Bourgogne, Di Jon, France, Universite de Rennes, France, Universite de Strasbourg, France, University of Iege London, United Kingdom, University of California, Canada, University of California, San Francisco, University of California, Riverside, University of California, San Dego, University of California, San Francisco, University of Cambridge, University of Ottawa, Canada, University of Rochester, University of Southern California, University of Michigan, University of Ottawa, Canada, University of Rochester, University of Wisconsin, University of University of University, Incheon, Republic of Korea

Return	Explanation	
Reference		
	FORM 990, PART III, LINE 4 CONT	Independent Research Program Leaders Laboratories Individual scientists at the Stowers in stitute specialize in the study of one or more particular genes, each of which may cause or have influence in various kinds of disease A comprehensive list of research leaders foil ows - Robert Krumfauf, Ph.D. Scientific Director and Investigator, joined the Stowers in stitute in 2000 from England's National Institute for Medical Research, The Radgeway, Milh Hill. London, where he was head of the Division of Developmental Neurobiology. Dr. Kruma uf received a Ph.D. in developmental Neurobiology. Triving uf received a Ph.D. in developmental Neurobiology. Triving uf received a Ph.D. in developmental Neurobiology. Triving uf received a Ph.D. in developmental Neurobiology from Chino State University. Research Focus. A nalysis of molecular pathways that regulate how the mammalian head, brain and nervous syst em are built, using a variety of vertebrate model systems - Susan Abmayr, Ph.D., Associate Investigator, joined the Stowers Institute in 2003 from the Pennsylvania State University and molecular biology from the Rockefeller University and completed postdoctoral training in the Department of Biochemistry and Molecular Biology at Harvard University under the direction of Professor Tom Maniatis Research Focus Molecular genetics of cell fat e specification and differentiation in Drosophila, using the embryonic development of the musculature as a model system - Peter Baumann, Ph.D., Investigator and How and Hughes Medical Institute Investigator, joined the Stowers Institute in 2002 after completing a Howard Hughes Medical Institute postdoctoral fellowship in the laboratory of Dr. Thomas R. Cech at the University of Colorado-Boulder Dr. Baumann received a Ph.D. in biochemistry from the Imperial Cancer Research Fund and University College, London Research Focus. Functional analysis of telomeres and their roles in cellular immortality and cancer - Joan Conaway, Ph.D., Investigator in the Institute Professor in Stanford University S

Return Reference	Explanation	
	FORM 990, PART III, LINE 4 CONT	stigation of molecular and genetic pathways controlling adult stem cell development in the hematopoietic and intestinal systems using transgenic and gene targeting animal model app roaches - Rong Li, Ph D, Investigator, joined the Stow ers Institute in 2005 from the Depa rtment of Cell Biology at Harvard Medical School where she served as an Associate 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 California-Berkeley. Rese arch Focus Mechanism of cell polarization and cell motility, genome dynamics and cellular evolvability, and epithelial tissue morphogenesis - Tatjana Potrowski, Ph D. Associate Investigator, joined the Stowers Institute in 2011 from the University of Utah's School of Medicine, where she was an associate professor in the Department of Neurobiology and Anatomy. She received her master's degree from the University of Utah's School of Medicine, where she was an associate professor in the Department of Neurobiology and Anatomy. She received her master's degree from the University of Utah's School of Medicine, where she was an associate professor in the Department of Neurobiology and California and State and Shear and Sh

DLN: 93493222022715

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

> ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number

20-2993509

art I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
					_	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(13) co	512(b) ontrolled ity?
(1) STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	Yes	NO
KANSAS CITY, MO 64110 20-5916445							
(2) STOWERS RESOURCE MANAGEMENTINC 1000 EAST 50TH STREET	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	Yes	
KANSAS CITY, MO 64110 41-2186719							
(3) BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	Yes	
KANSAS CITY, MO 64110 74-3238244							
(4) STOWERS REAL ESTATE HOLDING CORPORATION 1000 EAST 50TH STREET	TITLE HOLDING	DE	501(C)(2)	N/A	SRM	Yes	
KANSAS CITY, MO 64110 26-1472230							
(5) THE GRADUATE SCHOOL OF SIMR (DE) 1000 EAST 50TH STREET	SEE PART VII	DE	501(C)(3)	2	SIMR	Yes	
KANSAS CITY, MO 64110 27-4482762							
(6) STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET	SEE PART VII	DE	501(C)(4)	N/A	SIMR	Yes	
KANSAS CITY, MO 64110 20-3270502							
(7) THE GRADUATE SCHOOL OF SIMR (MO) 1000 EAST 50TH STREET	SEE PART VII	МО	501(C)(3)	2	SIMR	Yes	
KANSAS CITY, MO 64110 46-4588696							

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income		rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	
				514)		Yes	No		Yes	No	
	•										•

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(: contro entit	n 512 13) olled
								Yes	No
(1) BIOMED VALLEY DISCOVERIESINC 4520 MAIN ST SUITE 1650 KANSAS CITY, MO 64111 06-1646533	SEE PART VII	DE	BVC	C CORP	0	0		Yes	

cne	dule R (Form 990) 2014		Рa	ige 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	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 related organizations listed 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	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
ı.		1k	Yes	
	Lease of facilities, equipment, or other assets from related organization(s)	11	165	No
	Performance of services or membership or fundraising solicitations for related organization(s)	1m		No
	Performance of services or membership or fundraising solicitations by related organization(s)	-	V	NO
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1р	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	1s		No
5	other transfer of easit of property from related organization(s)		<u> </u>	1
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s)	ount	nvolve	i

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>, </u>	\Box	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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 II, LINES (5) AND (7), COLUMN B THE GRADUATE SCHOOL OF SIMR'S PRIMARY ACTIVITY IS EDUCATION THE GRADUATE SCHOOL OF SIMR(DE) MERGED WITH THE GRADUATE SCHOOL OF SIMR(MO) ON JUNE 30, 2014 THE SURVIVING ORGANIZATION IS THE GRADUATE SCHOOL OF SIMR(MO) EIN #46-4588696
PART IV, LINE (1), 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 SUBLEASE PAYMENTS FROM BVD BASED ON COST FOR LESS THAN 300 SQ FT OF SPACE FOR A LIMITED USE PURPOSE THE RENT PAYMENTS FROM BVD TO SIMR DO NOT REDUCE BVD'S TAXABLE INCOME WHICH WOULD HAVE BEEN UBTI IF BVD WERE EXEMPT UNDER SECTION 501(c)(3) AND HAD THE SAME EXEMPT PURPOSE AS SIMR THEREFORE, NO PORTION OF THE RENT PAYMENTS FROM BVD CONSTITUTES UNRELATED BUSINESS INCOME TO SIMR UNDER SECTION 512(b)(13)
PART V, LINE 2 (2)	SIMR MADE A CONTRIBUTION TO THE GRADUATE SCHOOL OF SIMR
PART V, LINE 2 (3)	SRM PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH
PART V, LINE 2 (4)	SSEI PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH AND SCIENCE EDUCATION ACTIVITIES
PART V, LINE 2 (5)	BVC PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH
PART V, LINE 2 (6)	SIMR ENTERED INTO A LEASE EFFECTIVE JANUARY 1, 2009, WITH STOWERS REAL ESTATE HOLDING CORPORATION("SREHC"), A 501(C)(2) TAX EXEMPT ORGANIZATION THAT IS A RELATED PARTY TO SIMR THE LEASE HAS AN ORIGINAL TERM OF 10 YEARS WITH PROVISION FOR ADDITIONAL OPTION YEARS FOR A 280,000 SQUARE FEET BUILDING SIMR'S LEASE PAYMENTS TO SREHC IN 2014 TOTALED \$2,230,551
PART V, LINE 2 (7)	SIMR REIMBURSED SRM FOR COSTS ASSOCIATED WITH SRM'S ADMINISTRATIVE AND SUPPORT SERVICES PROVIDED TO SIMR SRM IS A SUPPORTING ORGANIZATION TO SIMR
PART V, LINE 2 (8)	SIMR REIMBURSED BVD FOR SERVICES ON THE SERVICE COST METHOD
PART V, LINE 2 (9)	BVD REIMBURSED SIMR FOR SERVICES ON THE SERVICE COST METHOD
PART V, LINE 2 (10)	ALL OTHER TRANSACTIONS FOR LINE 1 WERE BETWEEN RELATED 501(c)(3) PUBLIC CHARITIES AND BELOW REPORTING THRESHOLDS

Schedule R (Form 990) 2014

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 Rel		_					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(1 contr	g) on 512 (13) rolled city?
						Yes	No
(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							
(1) 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							
(2) BIOMED VALLEY CORPORATION	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	SIMR	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 74-3238244							
(3) 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							
(4) THE GRADUATE SCHOOL OF SIMR (DE)	SEE PART VII	DE	501(C)(3)	2	SIMR	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 _27-4482762							
(5) 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							
(6) THE GRADUATE SCHOOL OF SIMR (MO)	SEE PART VII	МО	501(C)(3)	2	SIMR	Yes	
1000 EAST 50TH STREET KANSAS CITY, MO 64110 46-4588696							

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
BIOMED VALLEY DISCOVERIES INC	А	14,475	MARKET VALUE
THE GRADUATE SCHOOL OF SIMR	В	2,000,000	MARKET VALUE
STOWERS RESOURCE MANAGEMENT INC	С	70,000,000	MARKET VALUE
STOWERS SCIENTIFIC EDUCATION INSTITUTE	С	108,277	COST REIMB
BIOMED VALLEY CORPORATION	С	51,873	MARKET VALUE
STOWERS REAL ESTATE HOLDINGS CORP	К	2,230,551	MARKET VALUE
STOWERS RESOURCE MANAGEMENT INC	Р	19,591,874	COST REIMB
BIOMED VALLEY DISCOVERIES INC	Р	214,731	COST REIMB
BIOMED VALLEY DISCOVERIES INC	Q	561,413	COST REIMB
SEE PART VII FOR ADDITIONAL INFORMATION			