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DLN: 93493223024886

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

2015

Open to Public Inspection

A F	or th	e 2015 ca	llendar year, or tax year be	eginning 01-01-2015 , a	nd ending 12-31-2	015			
		applicable	C Name of organization STOWERS INSTITUTE FOR M		-		D Emplo	yer ide	ntification number
☐ Add	Iress	change	% J SCOTT PETTET	TED TO TE RESERVED			20-29	99350	9
☐ Nar	ne ch	nange	Doing business as						
Init	ial ret	turn	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				E Telepho	one num	nber
Fina	al urn/te	erminated	Number and street (or P O 1000 EAST 50TH STREET	box if mail is not delivered to s	treet address) Room/	suite	(816)	926-4	4000
_		d return	City or town, state or provin	nce, country, and ZIP or foreign	postal code		(010)		
_		on pending	KANSAS CITY, MO 64110	,,, , <u></u>			<b>G</b> Gross r	eceipts	\$ 148,536,262
			<b>F</b> Name and address	of principal officer		H(a)	Is this a group	returr	n for
			DAVID M CHAO 1000 EAST 50TH ST	DEET			subordinates?		ΓYes <b>Γ</b> Νο
			KANSAS CITY, MO 6				Are all subordi included?	nates	□Yes □No
			<u> </u>					a lıst	(see instructions)
I Ta	x-exe	empt status	✓ 501(c)(3) 501(c) (	) ◀ (insert no )	)(1) or 527	H(c)	Group exempt	ion nu	mber ►
J W	ebsi	te:► WV	VW STO WERS ORG						
<b>K</b> Forr	n of c	organizatior	Corporation Trust As	ssociation Other 🕨		<b>L</b> Yea	r of formation 20	005	State of legal domicile DE
Pa	rt I	Sum	ımary						
			scribe the organization's n XEMPT PURPOSE IS TO			DUBLIC IN	TEDECT WITL		COALOE
			NG OUR UNDERSTANDI					1 1111	GOALOF
<u>ڪ</u>	.								
Ē	:								
Governance	2	Check th	nis box দ if the organizat	cion discontinued its opera	ations or disposed	l of more th	an 25% of its	net as	sets
	,	Number	of waters manhage of the	roverning hady (Dart VI. I				د ا	
Activities &	l		of voting members of the g of independent voting men					3 4	8
琶	l		mber of individuals employ	-		•		5	340
¥	l		mber of volunteers (estima					6	1
	7a	Total un	related business revenue f	from Part VIII, column (C	), line 12			7a	0
	ь	Net unrel	ated business taxable inco	ome from Form 990-T, line	e 34			7b	
							Prior Year		Current Year
a)	8		ibutions and grants (Part \			•	178,677,	-	59,252,674
Revenue	9	_	am service revenue (Part \			•	356, 377,	-	337,517
쮼	10 11		tment income (Part VIII, d revenue (Part VIII, colun			•	127,	-	1,002,150
	12		revenue—add lines 8 throu			ıne			
		12)					179,538,	506	60,737,682
	13		s and similar amounts paid			-	3,434,	-	3,092,644
	14		its paid to or for members		·			0	0
\$	15	5 a l a ri 5 – 1 0	es, other compensation, e )	mployee benefits (Part 1X	., column (A), lines	5	29,024,	462	28,376,665
e) S	16a	n Profe	ssional fundraising fees (P	art IX, column (A), line 1	1e)			0	0
ट्रिए साइस्ड	ь		undraising expenses (Part IX, col						
_	17		expenses (Part IX, colum				41,790,	-	44,165,781
	18		expenses Add lines 13-1				74,249,	-	75,635,090
- ep	19	Rever	nue less expenses Subtra	ct line 18 from line 12 .	<u> </u>		105,289,		-14,897,408
Not Assets or Fund Balances						Beginr	ning of Current	Year	End of Year
lsse Bak	20	Total	assets (Part X, line 16)				390,227,	160	361,530,633
P. J.	21		liabilities (Part X, line 26)				135,642,	-	122,562,412
	22		ssets or fund balances Su	btract line 21 from line 2	0		254,584,	447	238,968,221
my kr	r per nowle	nalties of edge and	nature Block perjury, I declare that I ha belief, it is true, correct, a nowledge						
							2016-08-09		
Sign		Sign	ature of officer				Date		
Here	2		ERICK L STURGEON CFO						
			Print/Type preparer's name	Preparer's signature		Date	Check If	PTIN	
Paid	t		MICHELLE MICHALOWSKI	MICHELLE MICHALON	WSKI		self-employed	P0075	5304

Preparer

**Use Only** 

Firm's address ► 600 13TH ST NW STE 1000

WASHINGTON, DC 20005
May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's EIN ►

Phone no (202) 414-1000

. ▼Yes □No

4d Other program services (Describe in Schedule O )

) (Revenue \$

(Expenses \$

including grants of \$

68.954.154

art TV	Checklist	of Rec	nuired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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
	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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	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?	20Ь		

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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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 $M$ .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <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?	38	Yes	

	990 (2015)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
	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
Ь	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
8	Form 1098-C?	7h		
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			<u></u>
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	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 year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	I	I

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

Check if Schedule O contains a response or note to any line in this Part VI

Se	ction A. Governing Body and Management			,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 8			
	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 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a 7b		No No
	or persons other than the governing body?	76		NO
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	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	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	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		No
	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		Νo
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		
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
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

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 VII

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

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

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

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

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

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

<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	check (, unle n office rustee	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 trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) VIRGINIA G STOWERS DIRECTOR	2 0	х						0	0	0	
(2) DAVID A WELTE DIRECTOR/SECRETARY	2 0	х		х				0	1,249,459	59,169	
(3) RODERICK L STURGEON DIRECTOR/CFO	2 0	х		х				0	1,444,652	55,392	
(4) WILLIAM B NEAVES  DIRECTOR/PRESIDENT EMERITUS	40 0	х		х				525,001	0	53,445	
(5) DAVID M CHAO DIRECTOR/PRESIDENT/CEO	40 0	х		х				1,443,428	0	40,708	
(6) ROBERT E KRUMLAUF DIRECTOR/SCIENTIFIC DIRECTOR	40 0	x						514,754	0	58,184	
(7) RICHARD W BROWN DIRECTOR/CHAIR	2 0	x		х				0	2,180,037	52,689	
(8) ALBERZINE FREEMAN DIRECTOR/VP OF ADMINISTRATION	2 0	х						0	401,384	49,641	
(9) RONALD C CONAWAY  INVESTIGATOR	40 0					х		289,308	0	40,708	
(10) JOAN W CONAWAY INVESTIGATOR	40 0					х		286,611	0	54,123	
(11) JERRY L WORKMAN INVESTIGATOR	40 0					х		343,817	0	47,609	
(12) R SCOTT HAWLEY	40 0					х		344,405	0	52,993	
INVESTIGATOR	1 0										
(13) LINHENG LI INVESTIGATOR	40 0					х		254,309	0	39,316	

art VII	Section A. Officers	, Directors,	Trustees	Key I	Employ	ees	and Hig	ghest Com	pensated Em	ploy	ees (	continued (
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	<b>(A)</b> Name and Title	(B) Average	Posi	tion	<b>(C)</b>	not c	heck		(D) Reportable	<b>(E)</b> Reportable		(F)	ted
	Name and Trace	hours per week (list any hours	more t	:han o	one l both	oox, an		5	compensation from the organization (W-	compensation from related organizations (W-	amoi com fi	unt of npens from tl	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensate employee	Former	2/1099-MISC)	2/1099-MISC)		nizatio relate anizat	
							<u> </u>						
								_			-		
		1						<u> </u>					
								<u> </u>			<del>                                     </del>		
1b	Sub-Total		٠			<u>.                                    </u>	<u> </u>	<u> </u>					
c d	Total from continuation sheet Total (add lines 1b and 1c) .					٠.			4,001,633	5,275,532		6	03,977
2	Total number of individuals (in \$100,000 of reportable compo	cluding but not	lımıted	to the	ose l	liste	d abov	e) w	ho received more th	nan			
_											Y	res	No
3	Did the organization list any <b>f</b> o on line 1a? <i>If "Yes," complete S</i>									sated employee	3		Νo
4	For any individual listed on lin organization and related organ												
_	ındıvıdual					•		•		[	<b>4</b> Y	′es	
5	Did any person listed on line 1	a receive or acc	crue coi	mpen	satio	on fr	om an	v unr	elated organization	or individual for			

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 INVESTMENTS, 4500 MAIN STREET KANSAS CITY, MO 64111	SEE SCH L, PART V	177,000

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

services rendered to the organization? If "Yes," complete Schedule J for such person

Νo

Part V	ш	Statement o						_
		Cneck if Schedu	ıle O contains a respon	se or note to any lin	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	Revenue
						exempt function	business revenue	excluded from tax under
						revenue	revenue	sections
	-		_					512-514
इ इ	1a	Federated camp	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
G.	С	Fundraising eve	ents <b>1c</b>					
ifts, ar A	d	Related organiz	ations 1d	55,150,530				
, Gi niia	e	Government grants	s (contributions) <b>1e</b>	3,335,213				
Sir		-						
utic ier	r	similar amounts no	ons, gifts, grants, and <b>1f</b> it included above	766,931				
ëi	g	Noncash contribution	ons included in lines	55,213,530				
Cont and	h	Total. Add lines	: 1a-1f		59,252,674			
C		Totali Add Illics	, 14 11	•	,,			
e e	_			Business Code				
æn	2a	(3)	EE FROM HHMI 501(C)	900099	337,517	337,517		
Æ	ь							
931	С		_					
Xer.v	d		_					
Program Service Revenue	e							
Ģra	f	All other progra	m service revenue					
₽.	_	Total Add lines	 		337,517			
	g 3		ome (including dividence		337,517			
		and other simila	aramounts)	• [	685,818			685,81
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties			2,183			2,18
			(ı) Real	(II) Personal				
	6a	Gross rents	14,612					
	ь	Less rental	14,612					
	c	expenses Rental income	0	0				
	اه ا	or (loss)	me or (loss)		0			
	d	Net rental incol	(i) Securities	(II) O ther	ŭ			
	7a	Gross amount	. ,					
		from sales of assets other	87,928,423	171,877				
		than inventory						
	ь	Less cost or						
		other basıs and sales expenses	87,699,647	84,321				
	С	Gaın or (loss)	228,776	87,556				
	d	Net gain or (los	s)	· · · · ·	316,332			316,33
ne	8a	Gross income fi events (not incl	_					
E .		\$	lading					
Rev		of contributions	reported on line 1c)					
l le		See Part IV, lin	e 18 a					
Other Revenue	ь	Less direct exi	penses b					
3	c		loss) from fundraising (	events 🛌	0			
	9a	Gross income fi	rom gaming activities	r				
		See Part IV, lin	e 19					
	L	1	a					
			penses <b>b</b> loss) from gaming activ	/Ities -	0			
		Gross sales of i	r	/iues	<u> </u>			
		returns and allo						
			a					
		Less cost of go	L					
	С		loss) from sales of inve		0			
		Miscellaneous		Business Code	140.450			140.45
	11a	OTHER REBAT	ES & REVENUE	900099	143,158			143,15
	Ь							
	С							
	d		ue [					
	е	Total. Add lines	s 11a-11d	· · · • [	143,158			
	12	Total revenue.	See Instructions		60,737,682	337,517		1,147,49

	990 (2015)				Page <b>1</b> 0
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				_
	Check if Schedule O contains a response or note to any line in t	this Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,300,500	1,300,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,792,144	1,792,144		
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	2,635,520	2,371,968	263,552	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	19,132,726	17,219,453	1,913,273	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,329,878	2,096,890	232,988	
9	Other employee benefits	2,857,797	2,572,017	285,780	
10	Payroll taxes	1,420,744	1,278,670	142,074	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
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)	997,580	897,822	99,758	
12	Advertising and promotion	0			
13	Office expenses	243,821	219,439	24,382	
14	Information technology	264,824	238,342	26,482	
15	Royalties	666	666		
16	Occupancy	2,215,939	1,994,345	221,594	
17	Travel	554,003	498,603	55,400	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	602,571	542,314	60,257	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,888,279	8,899,451	988,828	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COST-SHARING W/RELATED ORG	22,549,975	20,294,977	2,254,998	
b	LAB SUPPLIES	5,732,425	5,732,425		
c	NON-CAPITAL EQUIPMENT	721,257	649,131	72,126	
d	DUES & SUBSCRIPTIONS	81,911	73,720	8,191	
е	All other expenses	312,530	281,277	31,253	
25	Total functional expenses. Add lines 1 through 24e	75,635,090	68,954,154	6,680,936	
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	't X	Check if Schedule O contains a response or note to any	/ line in this	: Part Y			_
		Check is Schedule O contains a response of note to any	, mie m uns	orant A	(A)	• •	(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			2,227,476	2	1,791,331
	3	Pledges and grants receivable, net			322,362	3	312,345
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former of key employees, and highest compensated employees Schedule L	Part II of				
Assets	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (see ii II of Schedule L	, and (01(c)(9)		5	0	
85					0	6	0
₹ ¥	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			6,117	8	5,982
	9	Prepaid expenses and deferred charges			444,230	9	411,215
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	322,985,305			
	b	Less accumulated depreciation	10b	169,961,901	158,679,621	<b>10</b> c	153,023,404
	11	Investments—publicly traded securities			101,757,504	11	94,705,972
	12	Investments—other securities See Part IV, line 11		610,425	12	466,247	
	13	Investments—program-related See Part IV, line 11		0	13	0	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			126,179,425	15	110,814,137
	16	Total assets.Add lines 1 through 15 (must equal line 3	34)		390,227,160	16	361,530,633
	17	Accounts payable and accrued expenses			6,840,907	17	7,104,251
	18	Grants payable			0	18	0
	19	Deferred revenue			391,809	19	235,360
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part I	V of Sched	ule D	0	21	0
Liabilities	22	Loans and other payables to current and former officer key employees, highest compensated employees, and	rs, directors	s, trustees,			
豆		persons Complete Part II of Schedule L			0	22	0
<u>.e</u>	23	Secured mortgages and notes payable to unrelated the	ırd partıes		0	23	0
	24	Unsecured notes and loans payable to unrelated third			0	24	0
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Complete Part X of Schedule D	es to relate	d third parties,			
		· · · · · · · · · · · · · · · · · · ·			128,409,997	25	115,222,801
	26	Total liabilities. Add lines 17 through 25			135,642,713	26	122,562,412
es		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.					
Ĕ	27	Unrestricted net assets			254,584,447	27	238,929,030
Balance	28	Temporarily restricted net assets			0	28	39,191
=	29	Permanently restricted net assets			0	29	0
Ë		Organizations that do not follow SFAS 117 (ASC 958)		e⊫ ⊏and			
or Fund		complete lines 30 through 34.	,	,			
	30	Capital stock or trust principal, or current funds .				30	
Assets	31	Paid-in or capital surplus, or land, building or equipme	nt fund .			31	
	32	Retained earnings, endowment, accumulated income,	or other fun	ds		32	
Net	33	Total net assets or fund balances			254,584,447	33	238,968,221
Z	34	Total liabilities and net assets/fund balances			390,227,160	34	361,530,633
	1	· · · · · · · · · · · · · · · · · · ·					Farm 000 (2015)

Dar	t XI Reconcilliation of Net Assets			<u>'</u>	age 1
Pa	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		60,7	37,68
2	Total expenses (must equal Part IX, column (A), line 25)	2		75,6	35,090
3	Revenue less expenses Subtract line 2 from line 1	3		-14,8	397,408
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		254,5	84,44
5	Net unrealized gains (losses) on investments	5		- 3	328,742
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		- 3	390,076
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		238,9	68,22:
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
		1		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	red 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 separ basis, consolidated basis, or both	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	:	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

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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.

Open to Public Inspection

		<b>ne organization</b> STITUTE FOR MEDICAL RESE	ADCH				Employer identifica	ation number
SIOW	EKS IN:	STITUTE FOR MEDICAL RESE	АКСП				20-2993509	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p	art.) See instruction	ns.
The	organi	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox )	
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(l</b>	o)(1)(A)(i).	
2	Г	A school described in	section 170(b	)(1)(A)(ii).(Attach So	hedule E (Form	990 or 990-E	Z))	
3	Г	A hospital or a cooper	atıve hospital	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4	<u>~</u>	A medical research or hospital's name, city,	-	erated in conjunction v	vith a hospital d	escribed in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the
SEE	SCHE	DULE A,						
, PART	ΓVI, N	МΔ						
5				nefit of a college or un I )	iversity owned	or operated by	a governmental unit o	described in <b>section</b>
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	l)(A)(v).	
7	_	An organization that n described in <b>section 1</b>	70(b)(1)(A)(v	vi). (Complete Part II	)	_	ental unit or from the g	general public
8	<u> </u>	A community trust de						
9	  -	receipts from activition from gross investmen organization after Jun	es related to it nt income and ne 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business table tesection 509(a)(2).	ubject to certai xable income (le (Complete Part	in exceptions, ess section 51 III )	and (2) no more than 1 tax) from businesse	331/3% of its suppor
10	<u>_</u>	An organization organ	•	•	·	•		
11	Γ	An organization organ one or more publicly s the box in lines 11a th	upported orga	nizations described in	section 509(a)	(1) or section	509(a)(2) See <b>sect ic</b>	on <b>509(a)(3).</b> Check
а	Γ	<b>Type I.</b> A supporting of supported organization	organization op n(s) the power	perated, supervised, or to regularly appoint o	controlled by i r elect a majori	ts supported o	rganization(s), typical	lly by giving the
b	Γ	organization <b>You mus Type II.</b> A supporting management of the su	organization s	upervised or controlle	d in connection			
c	Γ	must complete Part IV Type III functionally	integrated. A	supporting organizatio	•			grated with, its
d	$\vdash$	supported organization  Type III non-function						ianization(c) that ic
u	'	not functionally integr						
		(see instructions) <b>Yo</b>						
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
f		integrated, or Type II						
	Ente	r the number of support Provide the following i	_					
g		1 Tovide the following i	mormation ab	out the supported orga	11112411011(3)			
Nan	ne of s	(i) upported organization	(ii)EIN	(iii)  Type of  organization (described on lines 1-9 above (see	(iv) Is the organ listed in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
				instructions))				
					Yes	No		

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, ,		
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	( <b>f)</b> Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge <b>Total.</b> 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 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
		-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	<ul> <li>33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>						
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— <b>2015.</b> If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and <b>st</b>	op here. Explain	orted ▶□
b	organization  10%-facts-and-circumstances test  15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd <b>stop here.</b>	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	<b>-</b> '

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning 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 nurnose 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### 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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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		ı
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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		ı
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	4b		
c	by or in connection with its supported organizations.  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 $(2)$ ?  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.	<b>4</b> c		
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	<b>Type I or Type II only.</b> 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		ı
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
0a	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		l
	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		<u> </u>
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		

Pai	Supporting Organizations (continued)			
Se	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
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 <b>Part VI identify those supported organizations and explain</b> 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		
Ŀ	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 <b>Part VI</b> 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	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

### Part VI

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

PART I, LINE 4

Explanation In 2015, Stowers scientists collaborated with researchers at about 100 national and 50 international institutions including dozens of hospitals, medical centers, medical schools, and teaching and research hospitals Many of these collaborations resulted in discoveries that merited publication in leading peer-reviewed scientific journals and/or successfully funded grant awards The Institute conducts medical research in conjunction with the University of Kansas ("KU")and its affiliates the University of Kansas Hospital Authority and the University of Kansas Medical Center ("KUMC") pursuant to a written Memorandum of Understanding KUMC is the academic health science center of the largest public research university in the state of Kansas KUMC offers programs and services that focus on education, research, patient care, and community engagement To date, 31 KUMC students received Ph D s and 3 received M S s for dissertations in the Institutes labs  $\,$  Since inception, more than 800 research publications list collaborations between the Institute and KU  $\,$  KUMC is affiliated with the University of Kansas Hospital, a nonprofit independent hospital co-located with the main KUMC campus in Kansas City, KS Eighteen independent research program leaders from SIMR are adjunct faculty in four KUMC departments These appointments include twelve full professors, four associate professors, and two assistant professors In 2015, 64 of SIMRs 77 original research publications included both SIMR and KUMC affiliations. About 20 KUMC students performed dissertation work in Stowers labs in 2015. The institute is also a consortium member of the University of Kansas Cancer Center at KUMC, a cancer research and care partnership spanning two states and involving collaboration among researchers, physicians, and cancer support professionals in basic, translational, and clinical research areas In June 2012, the NIHs National Cancer Institute (NCI) named the University of Kansas Cancer Center as a NCI-Designated Cancer Center The NCI Cancer Centers Program is a pillar of federal cancer research efforts and integral to the NCIs programs for studying, treating, and preventing cancer In KUMCs application to the NCI Cancer Centers Program, \$4 million of the \$48 million in grants cited in the application were grants that had been awarded to Stowers investigators Currently, eight Stowers research program leaders are members of the University of Kansas Cancer Centers Cancer Biology Research Program, including Linheng Li who serves as co-leader of the program In 2015, Paul Kulesa was awarded an NIH grant from the National Institute of Neurological Disorders and Stroke to investigate mechanisms underlying neuroblastoma This project includes a collaboration with Danny Welch, Ph D , Professor and Chair of the Department of Cancer Biology at KUMC and Associate Director of the University of Kansas Cancer Center, who is an accomplished researcher in the area of tumor progression and underlying genetic and epigenetic controls. The institute also participated in collaborations conducting research in conjunction with the following US hospitals, pursuant to an understanding to maintain continuing close cooperation in the active conduct of medical research in 2015 Institution Location Boston University School of Medicine Boston, MA Brigham and Womens Hospital Boston, MA Case Western Reserve School of Medicine Cleveland, OH Childrens Hospital at Oklahoma University Oklahoma City, OK Children's Hospital of Philadelphia Philadelphia, PA Children's Mercy Hospital Kansas City, MO Cincinnati Children's Hospital Medical Center Cincinnati, OH David Geffen School of Medicine at UCLA Los Angeles, CA Duke University School of Medicine Durham, NC Geisel School of Medicine at Dartmouth College Hanover, NH Harvard Medical School Boston, MA Indiana University School of Medicine Indianapolis,IN Johns Hopkins School of Medicine Baltimore, MD Laura and Isaac Perlmutter Cancer Center at NYU School of Medicine New York, NY Mass General Hospital for Children Boston, MA Mayo Clinic Rochester, MN Memorial Sloan-Kettering Cancer Center New York, NY Nemours Childrens Hospital Jacksonville,FL New Jersey Medical School Newark, NJ Northwestern University Feinberg School of Medicine Chicago, IL Oregon Health and Science University School of Medicine Portland, OR Stanford University Medical Center Stanford, CA Texas A&M Health Science Center College of Medicine College Station,TX University of California Davis School of Medicine Sacramento, CA University of California San Francisco School of Medicine San Francisco,CA University of Hawaii John A Burns School of Medicine Honolulu, HI University of Kansas Medical Center Kansas City, KS University of Massachusetts Medical School Worcester, MA University of Miami Miller School of Medicine Miami, FL University of North Carolina School of Medicine Chapel Hill, NC University of Oklahoma Health Sciences Center College of Medicine Oklahoma City,OK University of Pennsylvania Perelman School of Medicine Philadelphia,PA University of Pittsburgh Cancer Institute Pittsburgh, PA University of Rochester Medical Center Rochester, NY University of Southern California Keck School of Medicine Los Angeles, CA University of Tennessee Health Sciences Center College of Medicine Memphis, TN University of Texas MD Anderson Cancer Center Houston, TX University of Washington School of Medicine Seattle, WA Veterans Affairs Greater Los Angeles Healthcare System Los Angeles, CA Vıa Chrıstı Hospıtal Wıchıta, KS Washıngton University School of Medicine St Louis, MO Yale New Haven Hospital New Haven, CT To carry out the research described in the following examples, the Stowers Institute and hospital, medical center, or medical school entered into a Cooperation Agreement pursuant to which they agreed to establish, develop, administer, and maintain continuing close cooperation in the active conduct of medical research, including through specific cooperative efforts in the areas of research, sharing of information, pursuant of joint grants, interaction of staff, adjunct/joint appointments, and sharing of facilities In order to assure the success of their cooperative relationship, each agreed to engage in effective, coordinated and ongoing planning, oversight, and communication, and to commit the necessary resources, both human and monetary, to support, facilitate, and promote the cooperation - Joint medical research on new approaches for treating craniofacial defects The Trainor Lab performed joint medical research on new approaches for treating craniofacial (head and face) defects and bone diseases in conjunction with the University of Kansas Medical Center This project investigates the molecular and cellular mechanisms of how bone sialoprotein mediates bone formation and cranial bone repair. This ongoing esearch, supported in part by a NIH grant awarded by the National Institute of Dental and Craniofacial Research, reveals new information on the biological function of bone sialoprotein and may lead to improved methods for the treatment of cranial bone defects and bone diseases that involve bone sialoprotein - Joint medical research on the characterization of intestinal stem cells The Linheng Li Lab performed joint medical research on the characterization of intestinal stem cells with Cincinnati Childrens Hospital Medical Center, David Geffen School of Medicine at UCLA, Oregon Health and Science University School of Medicine, Stanford University Medical Center, and University of Pittsburgh Cancer Institute Intestinal diseases ranging from Crohns disease to colitis to cancer may benefit from intestinal stem cell therapies. This research advances the understanding of the biology of stem cells that reside in the intestine and explores how they can be used to treat and cure intestinal diseases. This ongoing research collaboration, supported in part by a NIH grant awarded by the National Institute of Diabetes and Digestive and Kidney Diseases, has generated findings that have been reported in multiple original research publications including Wang X et al, 2015 - Joint medical research on origins and treatment of orofacial clefting The Trainor Lab performed joint medical research on clefting of the mouth and face with the University of California Davis School of Medicine Orofacial clefts are among the most common types of birth defects. Mutations in the Pak1ip1 gene are known to cause orofacial clefting and Pak1ip1 mutant mouse models have been developed This project investigates the molecular and cellular etiology of orofacial clefting in the

PART I, LINE 4 (CON'T)

mouse models which may lead to new approaches for therapy and genetic testing in humans This research is supported in part by a NIH grant from the National Institute of Dental and Craniofacial Research that began in 2015 - Joint medical research on mechanisms of neurodegenerative amyloid diseases The Si Lab performed joint medical research on the structure and function of amyloids with the University of Southern California Keck School of Medicine Amyloid fibrils are found in many neurodegenerative diseases but their mechanism of toxicity is not fully understood. An increasing number of nontoxic, functional amyloids have been described, including proteins that are important for neuronal growth and long-term memory Determining the structure of functional amyloids and how their aggregation is regulated provides a better understanding of toxic amyloids and may reveal new approaches to treating neurodegenerative amyloid diseases. This collaborative research is supported in part by a NIH grant from the National Institute of General Medical Sciences that began in 2015 Other US collaborators included Brigham Young University, Brown University, California Institute of Technology, Cleveland State University, Colorado State University, Cornell University, Creighton University, Dixie State University, Duke University, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Frederick National Laboratory for Cancer Research, Greek and Associates Veterinary Hospital, Hagley Museum and Library, Harvard University, Howard Hughes Medical Institute, Indiana University, La Sierra University, Miami University, Michigan State University, Monell Chemical Senses Center, Montana State University, National Cancer Institute, National Institutes of Health, National Eye Institute, National Institutes of Health, National Heart Lung and Blood Institute, National Institutes of Health, National Human Genome Research Institute, National Institutes of Health, Natural History Museum of Los Angeles County, New York University, Pennsylvania State University, Sanford Burnham Prebys Medical Discovery Institute, Southeastern Louisiana University, Stanford University, Stony Brook University, Tufts University, Turner Syndrome Foundation, Turner Syndrome Global Alliance, Turner Syndrome Society of the United States, University of California, Riverside, University of California, San Diego, University of Colorado, University of Florida, University of Kansas, University of Kentucky, University of Louisville, University of Michigan, University of Missouri, University of Missouri at Kansas City, University of North Carolina, University of Oregon, University of Texas at Houston, University of Utah, Washington lUniversity in St Louis, Whitehead Institute for Biomedical Research, and Wichita State University SIMR collaborated with the following international hospitals, medical centers, and medical schools in 2015 Christian Medical College, Vellore, India, Dalhousie University Faculty of Medicine, Halifax, Canada, Essen University Hospital, Germany, Frankfurt University Hospital, Germany, Hokkaido University Graduate School of Medicine, Sapporo, Japan, Jewish General Hospital, Montreal, Canada, Kochi Medical School, Japan, Kyushu University Graduate School of Medical Sciences, Fukuoka, Japan, Qılu Hospital of Shandong University, Jinan, China, Rechts der İsar Hospital, Munich, Germany, Regensburg University Hospital, Germany, Sackler Faculty of Medicine, Tel-Aviv University, Israel, Third Military Medical University, Chongqing, China, Tianjin Medical University, China, Tongji University East Hospital, Shanghai, China, Tsinghua University School of Medicine, Beijing, China, University of Gottingen Medical Faculty, Germany, University of Sao Paulo Clinics Hospital of Ribeirao Preto, Brazil, and University of Sherbrooke Faculty of Medicine and Health Sciences, Canada Other international collaborators included A-STAR, Singapore, Chinese Academy of Sciences, Beijing, Chinese Academy of Sciences, Guangzhou, Chinese Academy of Sciences, Shanghai, Ehime University, Shitsukawa, Japan, Estacion Biologica Donana, Seville, Spain, Friedrich Miescher Institute for Biomedical Research, Basel, Switzerland, Hanyang University, Seoul, South Korea, Hubei University of Technology, Wuhan, China, Institut de Genetique et de Biologie Moleculaire et Cellulaire, Strasbourg, France, Institut de Recherches Cliniques de Montral, Canada, Instituto de Biomedicina y Biotechnologia de Cantabria, Santander, Spain, Instituto Gulbenkian de Ciencia, O eiras, Portugal, International Iberian Nanotechnology Laboratory, Braga, Portugal, Jilin University, Changchun, China, Max Planck Institute of Molecular Cell Biology and Genetics, Dresden, Germany, Osaka University, Japan, QIMR Berghofer Medical Research Institute, Brisbane, Australia, Royal Veterinary College, London, UK, Sorbonne Universites, Paris, France, Sun Yat-sen University, Guangzhou, China, Technion Israel Institute of Technology, Haifa, Tel Aviv University, Israel, Tokyo University, Japan, Tsinghua University, Beijing, China, Universidad de Cantaloria-Sodercan, Santander, Spain, Universite de Strasbourg, France, University College London, UK, University of

Cambridge, UK, University of Manchester, UK, University of Oxford, UK, University Pierre and Marie

Curie, Paris, France, and Zhejiang University, Hangzhou, China

DLN: 93493223024886

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on 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

rnal	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ii</u>	<u>s.gov/form990</u> .	Inspection
	me of the organi			Employer iden	ification number
51 U	WERS INSTITUTE FO	OR MEDICAL RESEARCH		20-2993509	
Pa			Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.		ınts.
	Соттри	ete ii the organization answers	(a) Donor advised funds	(b)Funds and	d other accounts
	Total numbe	er at end of year	(a) bonor davised fainds	(b) and and	Tother decounts
	Aggregate v year)	value of contributions to (during			
	Aggregate v	value of grants from (during year)			
	Aggregate v	alue at end of year			
	_		ndvisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	┌ Yes ┌ No
	used only for c	- , ,	and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		┌ Yes ┌ No
a	rt III Conse	rvation Easements. Comple	ete if the organization answered "Yes"	on Form 990, Pa	art IV, line 7.
	Purpose(s) of c	conservation easements held by th	e organization (check all that apply)		
		on of land for public use (e g , recre	· · ·	, ,	
	Protection	of natural habitat	Preservation of a	certified historic	structure
	Preservation	on of open space			
			held a qualified conservation contribution in	the form of a cons	ervation
	easement on tr	he last day of the tax year		Hold a	t the End of the Year
a	Total number o	of conservation easements		2a	t the thu of the Year
ъ b		restricted by conservation easeme	ents	2b	
- c		servation easements on a certified		2c	
d	Number of cons		e) acquired after 8/17/06, and not on a	2d	
	Number of cons	servation easements modified, trai	nsferred, released, extinguished, or terminat	ed by the organiza	tion during the
	tax year ►				
	Number of stat	es where property subject to cons	ervation easement is located 🛌		
		nization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, har asements it holds?	dling of	Yes No
	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation	easements during the
	<b>-</b>				
		enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	conservation ease	ments during the year
	<b>►</b> \$				
		servation easement reported on lii ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes No
	balance sheet,	<del>-</del>	ts conservation easements in its revenue ar of the footnote to the organization's financia sements	•	•
ar	t IIII Organ	izations Maintaining Collec	tions of Art, Historical Treasures,	or Other Simi	lar Assets.
			ed "Yes" on Form 990, Part IV, line 8.		
а	works of art, hi	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	or research in fur	
b	works of art, hi		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items		
(	(i) Revenue inclu	uded on Form 990, Part VIII, line :	L	<b>►</b> \$	
(i	i) Assets include	ed in Form 990, Part X		<b>-</b> \$	
	If the organizat	tion received or held works of art, I	nistorical treasures, or other similar assets t SFAS 116 (ASC 958) relating to these items		provide the
а	Revenue includ	ded on Form 990, Part VIII, line 1		<b>►</b> \$_	
				· <del>-</del>	

**b** Assets included in Form 990, Part X

Part I	Organizations Maintaining (continued)	Collections of <i>I</i>	Art, His	stori	cal Tr	easures,	or Ot	her Similar	Asse	ts	
	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other re	cords, cl	heck a					use of	ıts	
аГ	Public exhibition		d	Γ	Loan o	rexchange	progra	ms			
ьг	Scholarly research		е	Γ	Other						
с Г	Preservation for future generations										
	Provide a description of the organization's Part XIII	collections and ex	plaın ho	w they	furthe	the organiz	ation's	exempt purpo	se in		
	During the year, did the organization solic assets to be sold to raise funds rather tha								es 「	_ <sub>No</sub>	
Part	Escrow and Custodial Arrai Complete if the organization a Part X, line 21.		n Form	990,	Part I\	V, line 9, o	r repo	orted an amo	unt oı	າ Forn	n 990,
	Is the organization an agent, trustee, cust included on Form 990, Part X?	todian or other inte	rmediary	/ for co	ontribut	ions or othe	rasse	ts not	es 「	_ No	
b	If "Yes," explain the arrangement in Pa	rt XIII and complet	te the fo	llowing	g table			А	moun	t	
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
<b>2a</b> D	Did the organization include an amount on	Form 990. Part X.	line 21.	for es	crow or	custodial a	ccount	liability? [ Y	es [	_ No	
		, , , , , , , , , , , , , , , , , , , ,						, ,	,		
b <sub>T</sub>	If "Yes," explain the arrangement in Part 1	XIII Check here if	the expl	anatio	n has b	een provide	d in Pa	art XIII			Γ
Part											
		(a)Current year		nor yea				<b>d)</b> Three years bac		Four ye	ars back
.a E	Beginning of year balance										
<b>b</b> (	Contributions	100,000									
	Net investment earnings, gains, and losses										
d (	Grants or scholarships										
	Other expenditures for facilities and programs	60,809									
f /	Administrative expenses										
g E	End of year balance	39,191									
2 P	ء Provide the estimated percentage of the c	urrent year end bal	ance (lır	ne 1g,	columr	ı (a)) held as					
a B	Board designated or quasi-endowment 🕨	·	•								
	Permanent endowment ►										
c T		00 000 % should equal 100%									
	Are there endowment funds not in the pos			that a	re held	and adminis	stered	for the			
	organization by	3						_		Yes	No
(	(i) unrelated organizations							<u> </u>	3a(i)		No
•	(ii) related organizations							ļ:	3a(ii)		No
	If "Yes" on 3a(11), are the related organiza Describe in Part XIII the intended uses o								3b	<u>i</u>	
e L			endown	ient iu	nus						
Part	VI Land, Buildings, and Equipa Complete if the organization a		Form 9	90. P	art IV	. line 11a.9	See Fo	orm 990. Part	X. lır	ne 10.	
	Description of property		Cos	(a)	) ner basıs	(b)	er basıs	Accumulated (c)depreciation	d	(d)Book	
<b>La</b> La	and				•	<del>  `</del>	<del>,</del> 400,000				3,400,000
	uildings					†	,		$\top$		. ,
						225,	585,238	90,409,2	285	135	5,175,953
<b>c</b> Le	easehold improvements										
<b>d</b> Eq	quipment					93,	520,781	79,552,6	16	13	3,968,165
<b>e</b> 0 t	ther										

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

153,023,404

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organi	zatıon answered 'Yo	es' on For	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		<b>(b)</b> Book value		(c)Method of valuation or end-of-year market value
(1)Financial derivatives				or end or year market value
(2)Closely-held equity interests				
(3)O ther				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII  Investments—Program Related.  Complete if the organization answered '	'Yes' on Form 990,	Part IV, line 11c.c	aa Form (	200 Part V line 13
(a) Description of investment		(b) Book value	(	(c) Method of valuation
			Cost	or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<u></u>			
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line	11d See F	
(1) ANNUITY RECEIVABLE	otion			<b>(b)</b> Book value 110,794,221
(2) OTHER RECEIVABLES				19,916
				_
Table (Colonia (b) march and France 000, Dark V and (D) has a 15	- <b>\</b>			110.014.127
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the organ		'Yes' on Form 990,		110,814,137 Ine 11e or 11f.
See Form 990, Part X, line 25.				
1. (a) Description of liability	(b) Book value			
Federal income taxes		0		
ADVANCES FROM AFFILIATES	7,312,7	48		
ANNUITY PAYABLE	107,910,0	53		
		_		
		$\dashv$		
		$\dashv$		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	115,222,8	01		

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	oer R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part		s per	Return.
_	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	
	VIII Complemental Information		

### Part XIII Supplemental Information

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

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

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493223024886 OMB No 1545-0047

Schedule I (Form 990)

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

Department of the Treasury

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

Open to Public **Inspection** 

**Employer identification number** 

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

STOWERS INSTITUTE FOR MEDI	ICAL RESEARCH					20-2993509	
Part I General Informa	tion on Grants	and Assistance				•	
Does the organization mainta the selection criteria used to Describe in Part IV the orga	award the grants nization's procedui	or assistance? res for monitoring the u		United States			∀Yes ┌ ₪
Part II Grants and Other Ass that received more that					ızatıon answered "Yes" (	on Form 990, Part IV, li	ne 21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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)		1,300,000	FMV	F I SECURITIES	SEE PART IV
					1		

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

Part IIII Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	( <b>b)</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/FELLOWSHIPS	55	1,737,970	54,174	FMV	SEE PART IV
Dog TV Cumplemental Inform	atian Duounda tha mfo	washes assumed in De	and I lose 2. Doublit	مطاح بيمو الممار المام مصيباهم	additional information

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
PART III, LINE 1, COLUMN F	NON-CASH ASSISTANCE IS PROVIDED TO RESEARCHERS IN THE FORM OF CONFERENCE REGISTRATION, HOUSING, AND SIMILAR ITEMS RELATED TO THEIR EDUCATION

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DLN: 93493223024886

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" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2015

Department of the Treasury Internal Revenue Service

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

	[20-2993509			
Pa	rt 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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items  First-class or charter travel  Travel for companions  Payments for business use of personal residence  Tax idemnification and gross-up payments  Health or social club dues or initiation fees  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			
	✓ 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, 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	` '	(E) Total of columns	<b>(F)</b> Compensation in	
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2015

### Part IIII 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 informationReturn ReferenceExplanationPART I, LINE 1ASIMR 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 BENEFITSPART I, LINE 1BSIMR 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) 2015

**ADMINISTRATION** 

Software ID: Software Version:

396,250

**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 Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits column (B) (B)(ı)-(D) (i) (iii) (ii) reported as deferred compensation Base Bonus & Other

		Compensation	incentive compensation	reportable compensation	compensation			on prior Form 990
1DAVID A WELTE DIRECTOR/SECRETARY	(1)							
	(11)	- 1,169,423	-	- 80,036	- 39,750	- 19,419	- 1,308,628	- 0
1RODERICK L STURGEON DIRECTOR/CFO	(1)							
	(11)	- 1,364,178	-	- 80,474	- 39,750	- 15,642	- 1,500,044	- 0
<b>2</b> WILLIAM B NEAVES DIRECTOR/PRESIDENT	(1)	515,316		9,685	39,750	13,695	578,446	0
EMERITUS	(11)	-	-	-	-	-	-	-
3DAVID M CHAO DIRECTOR/PRESIDENT/CEO	(1)	1,436,552		6,876	39,750	958	1,484,136	0
	(11)	-	-	-	-	-	-	-
4ROBERT E KRUMLAUF DIRECTOR/SCIENTIFIC	(1)	510,086		4,668	39,750	18,434	572,938	0
DIRECTOR	(11)	-	-	-	-	-	-	-
<b>5</b> RONALD C CONAWAY INVESTIGATOR	(1)	286,897		2,411	39,750	958	330,016	0
	(11)	-	-	-	-	-	-	-
<b>6</b> JOAN W CONAWAY INVESTIGATOR	(1)	284,200		2,411	39,750	14,373	340,734	0
	(11)	-	-	-	-	-	-	-
<b>7</b> JERRY L WORKMAN INVESTIGATOR	(1)	286,081		57,736	39,750	7,859	391,426	0
	(11)	-	-	-	-	-	-	-
8R SCOTT HAWLEY INVESTIGATOR	(1)	283,204		61,201	39,750	13,243	397,398	0
	(11)	-	-	-	-	-	-	-
9RICHARD W BROWN DIRECTOR/CHAIR	(1)							
	(11)	- 2,147,886	-	32,151	39,750	12,939	2,232,726	-
10LINHENG LIINVESTIGATOR	(1)	251,970		2,339	37,870			0
	(11)	-	-	-	-	-	-	-
11ALBERZINE FREEMAN DIRECTOR/VP OF	(1)							

5,134

39,750

9,891

451,025

DLN: 93493223024886

OMB No 1545-0047

2015

Department of the Treasury

Schedule L (Form 990 or 990-EZ)

> "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.

**Transactions with Interested Persons** 

► Complete if the organization answered

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Internal Revenue Service				www.irs.go	<u>v/101111990</u> .					Ir	ıspecti	on	
Name of the or							En	nploye	r identii	ficatio	n numbei	r	
	JTE FOR MEDICAL I						_						
											40b		
	ne of disqualifie					fied person and	_				(d) Corr	ected?	
				or	ganızatıon			Employer identification 20-2993509 (29) organizations only) orm 990-EZ, Part V, line 4 (c) Description of transaction  (c) vear under section		Yes	No		
			•										
2 Enterthe a	amount of tax in	curred by orga	anızatıon ma	nagers or dis	qualified pers	ons during the	yearı	under	section				
4958 .								. 1					
3 Enterthe a	amount of tax, if	any, on line 2	, above, reir	mbursed by th	ne organizatio	n			<b>&gt;</b> \$				
									,				
	ans to and/				0 57 0	l 20 F.		0 0		- 26			
	mpiete if the or janization repor					line 38a, or Fo	rm 99	o, Par	t IV, IIn	e 26, c	rifthe		
Org	jamzación repor	cea an amount	. 011 1 01111 33	o, raic x, iiii	C 3, 0, 01 22								
(a) Name of	(b) Relationsh	ıp <b>(c)</b>	(d) Loan t	:0	(e)O riginal	(f)Balance	<b>(g)</b> In		(h)	)	(i)Wrıtten		
ınterested	with	Purpose of			principal	due				Approved		agreement?	
person	organization	on loan	organizatio	n?	amount								
			To	From	┨	•	Voc	No		1	Yes	No	
			10	FIOIII			165	140	165	140	Tes	140	
					1					-		+	
												1	
					1								
					1				<u> </u>			1	
Total	•	<b>▶</b> \$		•					•	1	•		
	ants or Assi	· · · · · · · · · · · · · · · · · · ·	efitina In	terested P	ersons.								
	mplete if the					rt IV, line 27							
(a) Name of i	nterested (	<b>b)</b> Relationsh	ıp between	(c) A mount	ofassistance	e <b>(d)</b> Type o	ofassi	stance	(e)	Purpos	e of ass	ıstance	
perso	on I	nterested pers											
		organiza	ition										
						1							
				<del>                                     </del>									
				<del>                                     </del>									

Part IV Business Transactions Involving Interested Persons.

Complete if the organization	<u>n answered "Yes" on F</u>	orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
1) AMERICAN CENTURY INVESTMENTS	SEE PART V	177,000	SEE PART V		Νo
(2) JULIA ZEITLINGER PhD	SEE PART V	145,692	EMPLOYEE OF SIMR		Νo
3) LEANNE WIEDEMANN PhD	SEE PART V	213,362	EMPLOYEE OF SIMR		Νo
					, and the second second

### Part V 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) WAS THE FOUNDER OF ACCI AND CO-FOUNDER OF THE INSTITUTE WITH VIRGINIA G STOWERS
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 INCURS 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 IN AN INVESTMENT POOL SHARED BY CERTAIN OTHER RELATED TAX-EXEMPT ORGANIZATIONS DESCRIBED IN SCHEDULE R, PART II INDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS, BY THE PUBLISHED ADMINISTRATIVE FEE PERCENTAGE FOR THE APPLICABLE INVESTMENTS, WAS APPROXIMATELY \$177,000 THE FEES FOR THIS SHARED INVESTMENT POOL ARE PAID BY ITS SUPPORTING ORGANIZATION, SRM 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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### **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

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

► Attach to Form 990.

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

Name of the organization

**Employer identification number** STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509 **Types of Property** (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . Art—Historical treasures 3 Art—Fractional interests . 4 Books and publications Clothing and household aoods . . . . . Cars and other vehicles 7 Boats and planes . . . . 8 Intellectual property . . Securities—Publicly traded . 55,150,530 FAIR MARKET VALUE 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution-Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . 18 Collectibles . . . . **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . 24 Archeological artifacts . . . **25** Other ▶ ( 63,000 FAIR MARKET VALUE Χ 1 USED MICROSCOPE) **26** Other ▶ (\_\_\_\_\_ **27** 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 No Yes 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? . . . . . . Νo 30a **b** If "Yes," describe the arrangement in Part II **31** Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

b If "Yes," describe in Part II

describe in Part II

32a

Νo

Part II	Supplemental	Information

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

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

Schedule M (Form 990) (2015)

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

DLN: 93493223024886

OMB No 1545-0047

2015

Open to Public Inspection

### **SCHEDULE 0** (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 **Employer identification number** STOWERS INSTITUTE FOR MEDICAL RESEARCH 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	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, RODERICK L STURGEON, AND ALBERZINE FREEMAN, 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	THE COMPENSATION FOR DAVID CHAO, THE PRESIDENT AND CEO OF SIMR, WAS ESTABLISHED PURSUANT TO THE PROCEDURES OF TREAS REG SECTION 53 4958-6, INCLUDING (1) REVIEW AND APPROVAL BY SIMRS COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS, (2) RELYING ON COMPARABILITY DATA, INCLUDING DATA PREPARED BY A NATIONALLY KNOWN COMPENSATION CONSULTANT REGARDING COMPARABLE SALARY AND BENEFITS FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING OF THE DELIBERATION AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT THIS PROCESS WAS LAST UNDERTAKEN 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
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING CHANGE IN ANNUITY RECEIVABLE, NET (390,076)

Return Reference	Explanation
FORM 990, PART III, LINE 4	2015 Program Service Accomplishments The Stowers Institute for Medical Research ("SIMR") is a private, nonprofit medical research organization. SIMR was founded in 1994 by Jim and Virginia Stowers, 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. Studying the basic biology of cells enables scientists to discover how genes cause many diseases, including cancer, birth defects, and dementia. History has shown that basic medical research is often a key first step in the development of new treatments, cures, and preventions for many human diseases.

Return Reference	Explanation
FORM 990, PART III, LINE 4 CONT	2015 Notable Research Results in 2015, SIMR research teams made discoveres meriting publication in leading peer-review ed soientific purnals 77 original research papers in all SIMR research learns also produced 36 other publications including reviews, commentaries, book chapters, and books Some of the highlights among papers published in 2016 notice. The Zelfunger Lab developed a new method to understand more precisely how transcription factors in a research with NN to control gene expression. At any given time, only a subset of the genes in a given cell are expressed on "turned on". Proteins called stranscription factors act as the molecular expression of the cell, bindings peer for sets in the DNA. To the Other genes on an off Despte their importance, researchers still have difficulty identifying these transcription factor binding sites. The new method, called ChiPmexus, can precessly and relably mpt these states, and markedly outperforms previous bechinques for the study of gene regulation. Published March 9, 2015, in Nature Biotechnology. The Conaway Lab investigated two roles of elonging. A a molecule involved in expressing traffs from DNA. The human genome contains about 25,000 genes that encode the instructions for building all of the proteins in the body. But before construction of any protein can begin the genetic information contained with genome. DNA must first be coped into RNA by the cells transcription inschiniery. Broing A can research the instructions for building all of the proteins in the body. But before construction of any protein can begin the genetic information contained with genome. The proteins of the proteins of the proteins of the cell proteins of the cel

Return	Explanation
Reference	- Бринацоп
FORM 990, PART III, LINE 4 CONT	Comprehensive Lists of 2015 Original Research Papers, Reviews, Commentaries, Chapters, and Booles Original Research Papers 1 MBTPS/RK-1718 Projection convertees its required for ECMs agraining and axial adorgation during sommitogenesis and vertebral development, Achilless A, Huffman K. Maroniews vige E. Sedah NS, Chen C, Diallas SL, Tamor PA, Carlas P, Hum Mol Center 2015;42:294–2889 2.Co-circlinated barn and cramdical development depend upon Patiched 170AP regulation of cell survival and program of the comment

FORM 990, PART III, modules during vertebrate evolution McElin JA, Alexander TB, Tumpel S, Wiedemann LM, Krumlauf R Dev Biol 2016,409 530-LINE 4 542 42 VEGF Signals induce trailblazer cell identity that Drives Neural Crest Migration McLennan R, Schumacher LJ, Morrison JA CONT Teddy JM, Ridenour DA, Box AC, Semerad CL, Li H, McDow ell W, Kay D, Maini PK, Baker RE, Kulesa PM Dev Biol 2015,407 12-
25 43 Neural crest migration is driven by a few trabibace cells with a unique molecular signature narrow by confirmed to the invisive front McLennan R. Schumacher L.J. Morrson J.A. Teddy J.M. Rednour DA, Box AC, Semerad C., Li H. Wowell W. Key D. Vanni R.B. Baiter RE. Kuless PM Development 2015;142 2014;2025 44 Metallotinonen as a clonable tag for protein beautination by electron morroscopy of cells Morphew MK. O'Toble E.P. Reg C.P. Pagratis M. Meehl J. Gaddings T. Gardner M. Ackerson C, Jaspersen SL. Winey M. Hoenger A. Michinson M. R. Microsc. 2015;280:209–45 Countriative single cell gene expression profiling in the awan entryto Morroson J. Box AC. McKnenny MV. McLennan R. Kuless PM Dev Dr. 2015;244:774–784.  **Combination of Actin Treadming and Cross-Liming Drives Contraction of Random Actomyosin Arrays. Obl. 20. R. Authorison B. W. Moginer A. Biophys. J. 2015;169:1818–1829;47 Cyclin-Lependent Kinase-chardated Socie Phosphorylation Enhance the Abity of Society Technology. Proceedings of the Actinomy Contraction of Statistics of Commission of Actin Treadming and Cross-Liming and Commission of Statistics and Commission of Statistics. Proceedings of the Commission of Statistics of Commission of Statistics. Proceedings of the Commission of Statistics. Proceedings of Statistics of Commission of Statistics. Proceedings of Sta

Return Reference	Explanation
FORM 990, PART III, LINE 4 CONT	Reviews, Commentaires, Chapters, and Books 1 Mouse Models of Rare Craniofacial Disorders Achilleos A, Trainor PA, Curr Top Dev Biol 2015;115;413-458 2 Types or States? Cellular Dynamics and Regenerative Potential Adder CE, Snchez Alvarado A, Trends Cell Biol 2015;26:887-96 3 Signaling in tooth, hair, and mammary placodes Alin Y. Curr Top Dev Biol 2015;111;421-459 4 Decapentaplegic and growth control in the developing Drosophila wing Alvyama T, Gilsson MC, Nature 2015;527:35-378. Shorphogen transport theoretical and experimental controversies Alvyama T, Gilsson MC, Nature 2015;527:35-378. Shorphogen transport theoretical and experimental controversies Alvyama T, Gilsson MC, Nature 2015;527:35-378. Shorphogen transport theoretical and experimental controversies Alvyama T, Gilsson MC, Nature 2015;527:35-378. Shorphogen transport theoretical and experimental controversies Alvyama T, Gilsson MC, Nature 2015;627:379-379. Shorphogen transport theoretical and experimental controversies Alvyama T, Gilsson MC, Nature 2015;627:399-412. Shorphogen Alvertical Alvertical Activities and Controversies Alvertical Activities and Controversies and Controversies Alvertical Activities and Controversies Alvertical Activities Alvertical Activities and Controversies Alvertical Activities and Controversies Alvertical Activities and Controversies Alvertical Activities and Controversies Alvertical Activities Alvertical Activities and Controversies Alvertical Activities and Controversies Alvertical Activities and Controversies Alvertical Activities Alvertical Activities and Controversies Alvertical Activities Alvertical Activiti

Return	Explanation
Reference FORM 990, PART III, LINE 4 CONT	Competitive Research Grant Funding & Research Awards & Estinctors The ability of Stowers Institute scentists to receive noreasing numbers of competitively awarded research grants attests to the high level of research productivity present at the Institute. During 2015 Stowers scientists worked with the support of 32 grants and reflow-high professor of reflow-high from the Amarcan Cancer Scoety, one grant from the March of Chress, one following the Part of the Cancer Store of the Cancer Store of the Cancer Store of Cancer Allance of the Cancer Store of Cancer Allance, and the original professor of the Cancer Store of

Return Reference	Explanation
FORM 990, PART III, LINE 4 CONT	- Nicolas Rohner, Ph. D., Assistant Investigator, joined the Stowers institute in 2015 from Harvard Medical School, where he was a postdoctoral fellow in Dr. Cliff Tabins laboratory. He earned a Ph. D in biology from the Max Planck institute for Developmental Biology in Tubingen, Germany Research Focus. Genetic mechanisms and mutations that underlie the animal kingdoms tremendous diversity in morphology, physiology, and behavior Alejandro Snohez Alvarado, Ph. D, Investigator and Howard Hughes Medical Institute investigator, joined the Stowers institute in 2011 from the University of Utahs bookool of Medicine, where held the HA. & Edna Benning Professorship of Neurobiology and Anatomy. He received a B.S. in molecular biology and chemistry from Vanderbilt University in Nashville, Tenn., and a Ph. D. in pharmacology and cell biophysics from the University of Concinnatio College of Medicine in Cincinnati, Ohio. Research Focus. The molecular and cellular mechanisms underpinning animal regeneration using the planarian Schmidtea mediterranea as a model system Kausik Si, Ph. D., Associate Investigator, joined the Stowers institute in 2005 from the laboratory of Dr. Eric Kandel at Columbia University Center for Neurobiology and Behavior where he was a Jane Coffin Childs Fellow and a Francis Goelet Fellow in Neuroscience Dr. Si earned a Ph.D in molecular biology from the Albert Einstein College of Medicine Research Focus. Role of synaptic protein synthesis in information acquisition and memory storage Paul Trainor, Ph.D., Investigator, joined the Stowers institute in 2001 from a research position at the National Institute for Medical Research at Mill-Hill, London, where he completed postdoctoral training Dr. Trainor has a Ph.D in developmental biology from Childrens Medical Research Institute in the Inversity of Sydney, Austraitor position at the National Institute for Medical Research at Mill-Hill, London, where he completed postdoctoral training at the Constitution of Workman earned a Ph.D in collegator promet

DLN: 93493223024886

OMB No 1545-0047

2015

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# SCHEDULE R (Form 990)

Department of the Treasury

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.

Internal Revenue Serwice

Name of the organization
STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number

				20-2993!	509			
Part I Identification of Disregarded Entities Comple	te ıf the organızatıon	answered "Yes" or	Form 990, Pa	art IV, line 33.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets				
			1 112 4					
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during th		the organization ans	swered "Yes" (	on Form 990, Pa	art IV, lir	ne 34 because it f	nad one	9
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction Public charity (if section 501	status 1(c)(3))	<b>(f)</b> Direct controlling entity	ling Section 5 (13) con entit	
(1)STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET	SUPPORT ORG	DE	501(C)(3)	11A-TYPE I	S	SIMR	Yes 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	S	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	S	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	S	GRM	Yes	
KANSAS CITY, MO 64110 26-1472230							ļ	
(5)STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET	SEE PART VII	DE	501(C)(4)	N/A	S	SIMR	Yes	
KANSAS CITY, MO 64110 20-3270502								
(6)THE GRADUATE SCHOOL OF SIMR (MO) 1000 EAST 50TH STREET	EDUCATION	МО	501(C)(3)	2	S	SIMR	Yes	
KANSAS CITY, MO 64110 46-4588696								

Schedule R (Form 990) 2015												_	_	Page <b>2</b>																			
Part III Identification of Related O because it had one or more re							ınswe	ered "Yes	s" on	Form	990, Part I	V, lır	ne 34																				
(a) Name, address, and EIN related organization	e, address, and EIN of		(c) Legal domicile (state or foreign country)	al Direct cile controlling e or entity gn	ect Predomin olling income(rel- tity unrelate excluded f tax und sections 5	int Share ted, total in l, om r	e of	e of	re of	(f) nare of I income	are of		Share of end-of-year	Share of end-of-year	Share of end-of-year	Share of end-of-year	Share of end-of-year		n) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	<b>(k)</b> Percentage ownership										
					514)				Yes	No		Yes	No																				
Part IV Identification of Related O 34 because it had one or mor								ition ansv	wered	l "Yes'	' on Form 🤉	990,	Part :	[V, line																			
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicil (state or fo country	le oreign	Direc		(e) Type of entity C corp, S corp or trust)		<b>(f)</b> nare of total income	(g) Share of end-of- year assets							Share of end-of- year		Share of end-of- year		Share of end- year	Share of end-o year	Share of end- year	Share of end year	Share of end- year	Share of end- year	Share of end- year	nare of end-o year	are of end-o year	Share of end- year	-of- Percen owner	tage		(i) Section 512 (b)(13) controlled entity?
PTOMED VALLEY	CEE DART VII	DE		BVC.		CODD	+							Yes No																			
BIOMED VALLEY (1)DISCOVERIESINC  1000 EAST 50TH STREET KANSAS CITY, MO 64110 06-1646533	SEE PART VII	DE		BVC	C	CORP								Yes																			

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more rel	lated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c	Yes	
<b>d</b> 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
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	ount ır	volved	
ee 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

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

### Part VII Supplemental Information

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

Return Reference	Explanation
PART II, LINE 5, COLUMN B	STOWERS POLICY INSTITUTE INC ("SPI") IS AN ADVOCATE FOR A POLITICAL, ECONOMIC, AND SOCIAL ENVIRONMENT THAT ADVANCES AND PROTECTS BIOMEDICAL RESEARCH AND CURES
PART IV, 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 2015 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) 2015

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

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

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

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
(1)	BIOMED VALLEY DISCOVERIES INC	А	14,612	MARKET VALUE
(1)	THE GRADUATE SCHOOL OF SIMR	В	1,300,000	MARKET VALUE
(2)	STOWERS RESOURCE MANAGEMENT INC	С	55,000,000	MARKET VALUE
(3)	STOWERS SCIENTIFIC EDUCATION INSTITUTE	С	100,000	MARKET VALUE
(4)	BIOMED VALLEY CORPORATION	С	50,530	MARKET VALUE
(5)	STOWERS REAL ESTATE HOLDINGS CORP	К	2,230,551	MARKET VALUE
(6)	STOWERS RESOURCE MANAGEMENT INC	Р	20,547,087	COST REIMB
(7)	BIOMED VALLEY DISCOVERIES INC	Р	270,897	COST REIMB
(8)	BIOMED VALLEY DISCOVERIES INC	Q	633,655	COST REIMB
(9)	SEE PART VII FOR ADDITIONAL INFORMATION			