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DLN: 93493223008057 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

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

Department of the Treasury

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

nterna	l Reve	enue Service	► Information a	about Form 990 and its instructions is at <u>wr</u>	<u>VW 1KS GOV/</u>	<u>/rorm990</u>		Inspection		
\ F	or th	e 2016 c	alendar year, or tax year be	eginning 01-01-2016 , and ending 12-	31-2016					
Che	ck ıf a	pplicable	C Name of organization STOWERS INSTITUTE FOR MED	ICAL RESEARCH		D Employe	r ıdentıfı	cation number		
		change	% J SCOTT PETTET	TONE NESE/ INC.		20-2993	509			
□ Na □ Ini		_	Doing business as							
_ Fın	al					E Talankana				
		minated d return	Number and street (or P O box 1000 EAST 50TH STREET	of mail is not delivered to street address) Room/s	suite	E Telephone				
		on pending				(816) 92	6-4000			
			KANSAS CITY, MO 64110	country, and ZIP or foreign postal code						
			F Name and address of prin	senal officer	1 > -	G Gross rec	-	.8,172,806		
			DAVID M CHAO	icipal officer		s this a group ret	urn for			
			1000 EAST 50TH STREET			ubordinates? .re all subordinate	25	□Yes ☑No		
Tax	y-eyer	mpt status	KANSAS CITY, MO 64110		ir	ncluded?		☐ Yes ☐No		
) ◀ (insert no)		f "No," attach a li	•	•		
W	ebsit	te:► WV	VW STOWERS ORG		ן ה(כ) כ	Froup exemption i	number	•		
				Day .	L Year of t	formation 2005	M State o	of legal domicile DE		
Forn	n or o	rganization	✓ Corporation ☐ Trust ☐	Association Other				J		
Pa	rt I	Sum	mary							
				on or most significant activities						
ש				RM MEDICAL RESEARCH IN THE PUBLIC INT AL PROCESSES OF LIVING CELLS	TEREST WIT	TH THE GOAL OF	EXPAND	ING OUR		
<u>`</u>	-									
Ĕ	-									
governance	۱ , ٔ	Chack th	is boy • 🗖 if the organization	n discontinued its operations or disposed of	mara than	25% of its not as	cotc			
				erning body (Part VI, line 1a)			зе:5	9		
ACHVIUES &	l			rs of the governing body (Part VI, line 1b)			4	2		
	5	Total nur	5	380						
3	6	Total nur	6	2						
ŧ	l			Part VIII, column (C), line 12			7a	0		
	ь	Net unre	lated business taxable income	from Form 990-T, line 34			7b			
						Prior Year		Current Year		
O.	8	Contribut	74	65,347,331						
ž.	9	Program	service revenue (Part VIII, line	e 2g)		337,5	17	338,41		
Ravenua	10	Investme	ent income (Part VIII, column i	(A), lines 3, 4, and 7d)		1,002,1	50	956,336		
ш	11	Other rev	venue (Part VIII, column (A), l	ines 5, 6d, 8c, 9c, 10c, and 11e)		145,3	I	107,451		
	12	Total rev	enue—add lines 8 through 11	(must equal Part VIII, column (A), line 12)		60,737,6	82	66,749,535		
	13	Grants a	nd similar amounts paid (Part :	IX, column (A), lines 1–3)....		3,092,6	44	2,218,297		
	14	Benefits	paid to or for members (Part I	X, column (A), line 4)			0	С		
8	15	Salaries,	other compensation, employe	e benefits (Part IX, column (A), lines 5–10)		28,376,6	65	31,395,840		
Expenses	16a	Profession	onal fundraising fees (Part IX, o	column (A), line 11e)			0	C		
k b e	ь	Total fund	raising expenses (Part IX, column (D), line 25) ▶0						
Ξ	17	Other ex	penses (Part IX, column (A), lı	nes 11a–11d, 11f–24e)		44,165,7	81	47,276,502		
	18	Total exp	enses Add lines 13-17 (must	equal Part IX, column (A), line 25)		75,635,0	90	80,890,639		
	19	Revenue	less expenses Subtract line 1	8 from line 12		-14,897,4	08	-14,141,104		
S &					Begin	ning of Current Ye	ar	End of Year		
aan	20	Total acc	ote (Bart V. Juno 16)			261 520 6	22	220 440 040		
Net Assets of Fund Balances	l		ets (Part X, line 16) oilities (Part X, line 26)			361,530,6 122,562,4	_	338,449,040 113,910,541		
ĕ,ĕ	l		ts or fund balances Subtract li			238,968,2		224,538,499		
	t II		ature Block	me 21 110111 lille 20		238,308,2	21	224,330,493		
		_		xamined this return, including accompanyin	g schedules	and statements	, and to	the best of my		
nowl	edge	and belie		lete Declaration of preparer (other than of						
iny k	HOWIE	euge								
		 				2017-08-03				
Sign		Signat	ure of officer			Date				
lere	:		RICK L STURGEON CFO							
		17	or print name and title							
			Print/Type preparer's name MICHELLE MICHALOWSKI	Preparer's signature MICHELLE MICHALOWSKI	Date		TIN 00755304			
Paid		_				self-employed				
^o re _l		ا ا	Firm's name PricewaterhouseCo	· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	14-1000			
Jse	On	ıly ˈ	3 dudiess ► 000 1310 31 NW 3	2000		Phone no (202) 4	14-1000			

☑ Yes ☐ No

Form	990 (2016)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	edule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the	organization's mission				
SEE :	SCHEDULE O					
2	-			vices during the year wh		
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No
	•	ese new services on Sc				
3	Did the organization	cease conducting, or n	nake significant	changes in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) ar		ons are required	l to report the amount of	argest program services, as measi grants and allocations to others, t	
4a	(Code) (Expenses \$	73,677,888	including grants of \$	2,218,297) (Revenue \$	338,417)
	See Addıtıonal Data		. ,		, , , ,	, ,
	-					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
						_
	-					
4d	Other program serv	ıces (Describe in Sched	ule O)			_
	(Expenses \$	•	luding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ▶	73,677,8	888		
						Form 990 (2016)

Yes

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Page 3

No

No

No

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No

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No

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No

Νo

Form **990** (2016)

or X as applicable

Form 990 (2016) **Checklist of Required Schedules** 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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Yes

Yes

Yes

Yes

Yes

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t IV Checklist of Required Schedules (continued)			
		Yes	No
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	
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	
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	
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
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Page 4

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28b

28c

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35b

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Yes

Yes

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Yes

Yes

Yes

Form 990 (2016)

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	, 3		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🔧

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 💆

ıs treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 18			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	this return	2b	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		100
С	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		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
			orm 00	n /2016

Page **6**

•	555 (2525)				rage c
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc		' respo	nse to lu	nes
	Check if Schedule O contains a response or note to any line in this Part VI				✓
Se	ection A. Governing Body and Management				
				Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year la	9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?	:h any other	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the director of officers, directors or trustees, or key employees to a management company or other person? .	ect supervision	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint members of the governing body?	one or more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockly persons other than the governing body?	nolders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the following	g the year by			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache organization's mailing address? If "Yes," provide the names and addresses in Schedule O	d at the	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Inte	 ≀rnal Revenu€	Code	2.)	
				Yes	No
10a	a Did the organization have local chapters, branches, or affiliates?	[10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter and branches to ensure their operations are consistent with the organization's exempt purposes?	s, affiliates,	10b		
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body beform?	ore filing the	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	a 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 conflicts?	give rise to	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of Schedule O how this was done	lescribe in	12c	Yes	
13			13	Yes	
14			14	Yes	
15	- ' '	ndependent		103	
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
	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	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen taxable entity during the year?	t with a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.				
	status with respect to such arrangements?	on s exempt	16b		
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶				
18	available for public inspection. Indicate how you made these available. Check all that apply	.(c)(3)s only)			
	☐ 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 policy, and financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books an ▶J SCOTT PETTET 1000 E 50TH STREET KANSAS CITY, MO 64110 (816) 926-4000	d records			. (5-::
			F	orm 990	1 (2016)

✓

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

and Independent Contractors

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

- 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

Check this box if neither the organization noi	any related or	ganızat	ion c	omr	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than o	on (do ne bo	(C o no ox, u n of) t ch inle: ficer rust	eck m ss per	ore son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) VIRGINIA G STOWERS DIRECTOR	2 0	х						0	0	0
(2) DAVID A WELTE DIRECTOR/SECRETARY	2 0	×		×				0	1,277,174	60,683
(3) RODERICK L STURGEON DIRECTOR/CFO	2 0 46 0	х		x				0	1,489,306	56,502
(4) WILLIAM B NEAVES DIRECTOR/PRESIDENT EMERITUS	20 0	х		×				334,064	0	54,561
(5) DAVID M CHAO DIRECTOR/PRESIDENT/CEO	40 0 5 0	Х		×				1,462,797	0	40,692
(6) ROBERT E KRUMLAUF DIRECTOR/SCIENTIFIC DIRECTOR	40 0	х						519,883	0	59,697
(7) RICHARD W BROWN DIRECTOR/CHAIR	2 0 45 0	Х		х				0	2,206,968	53,803
(8) ALBERZINE FREEMAN DIRECTOR/EVP OF ADMINISTRATION	2 0 42 0	х						0	398,110	50,570
(9) JONATHAN THOMAS DIRECTOR (BEGINNING 6/2/2016)	2 0	х						0	0	0
(10) BRENT KREIDER CHIEF OPERATING OFFICER	2 0 40 0			х				0	565,799	18,233
(11) RONALD C CONAWAY INVESTIGATOR	40 0					x		288,363	0	40,692
(12) JOAN W CONAWAY INVESTIGATOR	40 0					х		285,381	0	55,234
(13) JERRY L WORKMAN INVESTIGATOR	40 0					х		343,643	0	48,233
(14) R SCOTT HAWLEY INVESTIGATOR	40 0					х		342,440	0	53,801
(15) LINHENG LI INVESTIGATOR	40 0					x		252,446	0	39,035

Form 990 (2	2016)										Page 8
Part VII	Section A. Officers, Direct	tors, Trustees	s, Key I	Empl	loye	es,	and I	ligh	nest Compensate	d Employees (col	ntinued)
	(A) Name and Title	(B) Average hours per week (list any hours	erage Position (do not check more than one box, unless person k (list is both an officer and a hours director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

		1		'	'	1 '	1 '	1 '	1	'	1	
										1		
										1		
сT	Sub-Total	art VII, Sectio	on A.				•	_	3 930 017	E 027 257		621.726
<u>a</u> 1	Total (add lines 1b and 1c)	<u> </u>	<u>· · · </u>	<u>· · ·</u>	<u> </u>		<u> </u>		3,829,017	5,937,357		631,736
2	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 40											
											Yes	No
2	Did the organization list any former o	officer director	or truct	too k		amal	01/00	or b	ahest compensate	d employee on		1

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 40			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Report compensation for the calendar year ending with or within the organization's tay year.	npensa	ition	

	mile 14. If Yes, complete Schedule 9 for such marvidual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
Se	ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co from the organization Report compensation for the calendar year ending with or within the organization's tax year	mpensa	ation	
Se	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensa	ation (C Comper	

-	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J	for such	4	Yes							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 7 If "Yes," complete Schedule J for such person		5		No						
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year										
	(A) Name and business address	(B) Description of services		(C) Compen							
4500	ICAN CENTURY INVESTMENTS, MAIN STREET AS CITY, MO 64111	INDIRECT - SEE SCH O			161,000						

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

Form **990** (2016)

Part	VII										
		Check if Schedul	e O contains a	a respo	onse or note to a	(his Part VII (A) revenue	Rel e>	(B) ated or kempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u>~ \$</u>	1a	Federated campaigr	ns	1a		_			venue		512-514
Grants	b	Membership dues .		1 b		_					
<u> </u>		Fundraising events		1c		_					
iffs ar		Related organization		1d	60,100,000	_					
s, G mil		Government grants (co		1e	4,127,366	5 -					
iği	f	All other contributions, and similar amounts no	gifts, grants, ot included	1f	1,119,969	5					
Contributions, Giffs, Grants and Other Similar Amounts	g	above Noncash contributio in lines 1a-1f \$.00,000	_					
Cont and	h	Total.Add lines 1a-1	f		•	65	5,347,331				
Ue	_				Busine	ss Code					
Program Service Revenue	2a	COLLABORATION FEE FR	ROM HHMI 501(C)(3)		900099	3	338,417	338	,417	
o‡	Ь										
rMC	C ·										
35	d · e ·										
gran		All other program ser	vice revenue								
Ψoς		Fotal.Add lines 2a-2f			•	338,417					
		nvestment income (ir			nterest, and othe	≘r					
	SI	mılar amounts) .				>	776,88				776,885
		ncome from investme		-		>	37	0			377
	5 K	Royalties	(ı) Real	•	(II) Personal	<u> </u>		1			3//
	6a	Gross rents	(i) Real	'	(II) T CISONAI						
		lane rental symanes		14,694							
	ь	Less rental expenses		14,694							
	С	Rental income or (loss)		0		0					
	d	Net rental income or	- (loss)	_				0			
	_		(ı) Securit		(II) Other	1					
		Gross amount from sales of assets other than inventory	.,	76,797		231					
	ь	Less cost or other basis and sales expenses	91,3	18,775	89,	802					
		Gain or (loss)		58,022	-78,	571					
		Net gain or (loss) .			•	·	179,45	1			179,451
Other Revenue		Gross income from fu (not including \$ contributions reporte	d on line 1c)	of							
eve	See Part IV, line 18 a				0						
ت ه		Less direct expenses Net income or (loss)		b ina ev	ents \blacktriangleright			0			
the	9a	Gross income from g	amıng actıvıtı								
0		See Part IV, line 19		a		0					
	b	Less direct expenses		ь		0					
		Net income or (loss)			ies •			О			
		Gross sales of invent returns and allowand			·						
	b	Less cost of goods s	old	a b		0					
	С	Net income or (loss)		ınvent		 		0			
	11-	Miscellaneous			Business Code		107.07				107.074
	112	OTHER REBATES & F	REVENUE		900	099	107,07	4			107,074
	b										
	c										
		-11 -11									
		All other revenue . Total. Add lines 11a-			<u> </u>						
					•		107,07	4			
	12	Total revenue. See	ınstructions	• •	• • • •		66,749,53	5	338,417		1,063,787
											Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,200,500	1,200,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,017,797	1,017,797		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,477,722	2,229,950	247,772	
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	21,511,240	19,360,116	2,151,124	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,383,561	2,145,205	238,356	
9 Other employee benefits	3,419,017	3,077,115	341,902	
10 Payroll taxes	1,604,300	1,443,870	160,430	
11 Fees for services (non-employees)				
a 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)	1,227,500	1,104,750	122,750	
12 Advertising and promotion	0			
13 Office expenses	246,051	221,446	24,605	
14 Information technology	307,130	276,417	30,713	
15 Royalties	188	169	19	
16 Occupancy	2,215,857	1,994,271	221,586	
17 Travel	601,189	541,070	60,119	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	630,118	567,106	63,012	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,900,402	8,910,362	990,040	
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)				
a COST-SHARING W/RELATED ORG	24,202,789	21,782,510	2,420,279	
b LAB SUPPLIES	6,544,843	6,544,843		
c NON-CAPITAL EQUIPMENT	615,146	553,631	61,515	

536,250

249,039

80,890,639

482,625

224,135

73,677,888

53,625

24,904

0

Form **990** (2016)

7,212,751

d COLLABORATION EXPENSES

25 Total functional expenses. Add lines 1 through 24e

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)

e All other expenses

Page **11**

150,450,344

84.258.083

100.398,501

338,449,040

8,156,226

312,319

502.429

0

0

0

0

0

0

0

O

105.441.996

113,910,541

223,911,846

224,538,499

338.449.040

Form **990** (2016)

626.653

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

b Less accumulated depreciation

Grants payable . .

Deferred revenue .

Investments—publicly traded securities .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Investments-program-related See Part IV, line 11

	Beginning of year		End of year
1 Cash-non-interest-bearing	0	1	0
2 Savings and temporary cash investments	1,791,331	2	2,113,368
3 Pledges and grants receivable, net	312,345	3	350,487
4 Accounts receivable, net	0	4	0
5 Loans and other receivables from current and former officers, directors,			

	3	Pledges and grants receivable, net			312,345	3	350,487
	4	Accounts receivable, net		[0	4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			0	5	0
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- tion of the property of the property organizations. Part II of Schedule L	0	6	0		
ets	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			5,982	8	2,279
A	9	Prepaid expenses and deferred charges			411,215	9	373,549
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	328,119,316			

10b

177.668.972

153,023,404

94.705.972

110.814.137

361,530,633

7,104,251

235,360

0 18

0 20

0 21

0 22

0

115,222,801

122,562,412

238,929,030

238,968,221

361,530,633

39,191

0

466.247

10c

11

12

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31 32

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34

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

2c

Yes

Yes

Yes Form 990 (2016)

3h

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? 3a 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

Additional Data

Software Version: **EIN:** 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Software ID:

Form 990 (2016)

Form 990, Part III, Line 4a: SIMR'S ACCOMPLISHMENTS ARE DESCRIBED IN SCHEDULE O

efil	e GRA	APHIC pri	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493223008057	
SCI	HED	ULE A		Public (Sharity Statu	s and Pub	olic Supp		OMB No 1545-0047	
	m 990		Comp	olete if the or	ganization is a sect 4947(a)(1) nonexe	narity Status and Public Support nization is a section 501(c)(3) organization or a section 47(a)(1) nonexempt charitable trust.				
terna	l Reven	the Treasury		rmation abou	Attach to Form 9 t Schedule A (Form www.irs.go			uctions is at	Open to Public Inspection	
am	e of th	ne organiza	tion MEDICAL RESEAR	.CH	_			Employer identific	ation number	
								20-2993509		
	rt I rganiz				is (All organization: it is (For lines 1 thro			See instructions.		
1					sociation of churches			(A)(i).		
2		•		·	L)(A)(ii). (Attach Sch			. , , ,		
3					rice organization descr	,	• • • • • • • • • • • • • • • • • • • •	(iii).		
4	\mathbf{V}	·	•	•	-			. , 170(b)(1)(A)(iii). E	nter the hospital's	
		name, city, SEE SCHEE	and state OULE A,	,PART V	′I. MA					
5		An organiza	•	for the benefit	•	rsity owned or op	erated by a gov	vernmental unit descri	bed in section 170	
6		A federal, s	state, or local g	overnment or	governmental unit de	scribed in sectio	n 170(b)(1)(/	A)(v).		
7			ation that norm '0(b)(1)(A)(v			s support from a	governmental (unit or from the gener	al public described in	
8		A commun	ty trust describ	ped in section	170(b)(1)(A)(vi)	(Complete Part II	.)			
9					scribed in 170(b)(1) e instructions Enter t			with a land-grant coll college or university	ege or university or a	
0		from activition	ties related to i : income and ui	its exempt fund nrelated busine	ctions—subject to cert	aın exceptions, a	ınd (2) no more	is, membership fees, as than 331/3% of its su sses acquired by the c	pport from gross	
1		•			exclusively to test for	r public safety S	ee section 509	O(a)(4).		
2		more publi	cly supported o	organizations d		09(a)(1) or sec	tion 509(a)(2	s of, or to carry out th). See section 509(a s 12e. 12f. and 12a		
а		Type I. A sorganization	supporting orga	anızatıon opera to regularly a	ated, supervised, or co	ontrolled by its su	ipported organi	zation(s), typically by of the supporting orga		
b		Type II. A manageme	supporting org	ganization supe orting organiza	tion vested in the san			organization(s), by hav ge the supported orga		
С		Type III f	unctionally in	itegrated. A s				nd functionally integra	ted with, its	
d		Type III n	on-functiona integrated Th	Ily integrated ne organization	I. A supporting organi	zation operated i fy a distribution r	n connection w	ith its supported orgar d an attentiveness req		
e		Check this	box if the orga	nızatıon receiv	ed a written determin	ation from the IF	RS that it is a Ty	ype I, Type II, Type II	I functionally	
f	Enter	-	or Type III no of supported o	•	integrated supporting	organization				
g			' '	_	pported organization(s)				
		(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiza your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)			
						Yes	No			
_										
otal	1									
		work Reduc	tion Act Notic	e, see the In	structions for	Cat No 11285	F	Schedule A (Form 9	90 or 990-EZ) 2016	

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
P	art III Support Schedule for (Complete only if you che III. If the organization fa	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or	if the organization	on failed to quali	
	ection A. Public Support	no to quanty un	441 1110 10313 113	tea below, pied	se complete i al		
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) Total
	(or fiscal year beginning in) ▶	(a)2012	(0)2013	(0)2014	(4)2013	(e)2010	(T)TOtal
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						,
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	. ,	, ,	, ,	 ``	. ,	
8	Gross income from interest,				+		
٠	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						
11	(Explain in Part VI) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	h tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
14	Public support percentage for 2016 (lin	e 6, column (f) dı	vided by line 11,	column (f))		14	
15	Public support percentage for 2015 Sch	nedule A, Part II, l	ine 14			15	
16a	33 1/3% support test—2016. If the	organization did r	ot check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						ightharpoons
Ŀ					and line 15 is 33 i	1/3% or more, chec	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ □
17 a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported	. \square
	organization	2045 1511			12.46.46	47 11	▶ □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			. 5-	,	. ,	►□
18		n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	L7b, check this box	k and see	
	instructions		,	. ,	·		ightharpoons
					Schadu	le A (Form 990 o	r 990-F7) 2016

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lir			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Schedule A (Form 990 or 990-EZ) 2016

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7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes." describe in Part VI when and how the organization made the		

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, answer (b) and (c)					
	below	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
	Supervised by or in connection with its supported organizations				

	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
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	4b		
С	supervised 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	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	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	5a	

U	bld the organization have ditinate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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	4c		
5a	Old 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 irganizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
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 of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	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		Τ.,	
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)		
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

b Excess from 2013.

d Excess from 2015.

e Excess from 2016. . . .

c Excess from 2014.

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

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Return Reference	Explanation
PART I, LINE 4	COOPERATION AGREEMENTS AND COLLABORATIONS IN 2016, STOWERS INSTITUTE FOR MEDICAL RESEARCH (SIMR) SCIENTISTS COLLABORATED WITH RESEARCHERS AT MORE THAN 40 INTERNATIONAL INSTITUTIONS AND MORE THAN 40 INTERNATIONAL INSTITUTIONS INCLUDING DOZENS OF HOSPITALS, MEDICAL CENTERS, AN D MEDICAL SCHOOLS MANY OF THESE COLLABORATIONS RESULTED IN DISCOVERIES THAT MERITED PUBLI CATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS AND/OR SUCCESSFULLY FUNDED GRANT AWARD S SIMR CONDUCTS MEDICAL RESEARCH IN CONJUNCTION WITH THE UNIVERSITY OF KANSAS (KU) AND IT S AFILIATES THE UNIVERSITY OF KANSAS HOSPITAL AUTHORITY AND THE UNIVERSITY OF KANSAS MEDI CAL 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 K UMC OFFERS PROGRAMS AND SERVICES THAT FOCUS ON EDUCATION, RESEARCH, PATIENT CARE, AND COMM UNITY ENGAGEMENT TO DATE, 3 KUMC STUDENTS HAVE RECEIVED M S DEGREES AND ABOUT 40 HAVE RE CEIVED PH D DEGREES FOR THESIS WORK PERFORMED IN SIMRS LABS KUMC IS AFFILIATED WITH THE UNIVERSITY OF KANSAS HOSPITAL, A NONPROFIT INDEPENDENT HOSPITAL CO-LOCATED WITH THE MAIN K UMC CAMPUS IN KANSAS CITY, KS TWENTY-TWO SIMR RESEARCH PROGRAM LEADERS ARE ADJUNCT FACULT Y IN FOUR KUMC DEPARTMENTS THESE APPOINTMENTS INCLUDE 12 FULL PROFESSORS, SIX ASSOCIATE P ROFESSORS, AND FOUR ASSISTANT PROFESSORS IN 2016, 29 OF SIMRS 51 ORIGINAL RESEARCH PUBLIC ATIONS INCLUDED BOTH SIMR AND KUMC AFFILIATIONS ABOUT 20 KUMC STUDENTS PERFORMED DISSERTA TION WORK IN SIMR LABS IN 2016 SIMR IS ALSO A CONSORTIUM MEMBER OF THE UNIVERSITY OF KANS AS CANCER CENTER AT KUMC, A CANCER RESEARCH AND CARE PARTINERSHIP SPANNING TWO STATES AND I NOLVING COLLABORATION AMONG RESEARCHERS, PHYSICIANS, AND CANCER SUPPORT PROFESSIONALS IN BASIC, TRANSLATIONAL, AND CLINICAL RESEARCH AREAS IN JUNE 2012, THE NIHS NATIONAL CANCER IN FUNCES FOR STUDYING, TREATING, AND PROFESSOR SOULS FROM THE PROFESSOR AND IN TEGRAL TO THE NCIS PROGRAMS FOR STUDYING, TREATING, AND PREVENTING CANC

Return Reference	Explanation
PART I, LINE 4	WORK IS SUPPORTED BY AN NIH GRANT FROM THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AN D STROKE IN 2016, SIMR RESEARCH PROGRAM LEADER MICHAEL WASHBURN, PH D, INITIATED A RESEA RCH PROJECT IN COLLABORATION WITH DR. WELCH FROM KUMC. THE OVERALL AIM OF THIS RESEARCH EF FORT IS TO DETERMINE HOW CANCER THERAPEUTICS ACT ON PROTEIN NETWORKS IN CELLS AND TISSUES AS DESCRIBED ABOVE, DR. WELCH IS A WELL-ESTABLISHED CANCER RESEARCHER RESULTS FROM THESE STUDIES MAY ENABLE THE FUTURE DEVELOPMENT OF MORE SPECIFIC AND ENTER THAN THERAPEUTI CS. THIS WORK IS SUPPORTED IN PART BY AN NIH GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES SIMR ALSO PARTICIPATED IN COLLABORATIONS CONDUCTING RESEARCH IN CONJUNCT ION WITH THE FOLLOWING US HOSPITIALS, PURSUANT TO AN UNDERSTANDING TO MAINTAIN CONTINUING C LOSE COOPERATION IN THE ACTIVE CONDUCT OF MEDICAL RESEARCH IN 2016 INSTITUTION LOCATION B ENIOFF CHILDRENS HOSPITAL AT UCSF SAN FRANCISCO, CA BOSTON CHILDRENS HOSPITAL BOSTON, MA C ASE WESTERN RESERVE SCHOOL OF MEDICINE CLEVLAND, OH CHILDRENS HOSPITAL BOSTON, MA C ASE WESTERN RESERVE SCHOOL OF MEDICINE CLEVLAND, OH CHILDRENS HOSPITAL BOSTON, MA C ASE WESTERN RESERVE SCHOOL OF MEDICINE CLEVLAND, OH CHILDRENS HOSPITAL BOSTON, MA C ANSE WESTERN RESERVE SCHOOL OF MEDICINE CHILDRENS HOSPITAL BOSTON, MA C ANSE WESTERN RESERVE SCHOOL OF MEDICINE CHILDRENS HOSPITAL BOSTON, MA C ANSE WESTERN THE PROVINCE AT UCLA LOS ANGELES, CA INDIANA UNIVERSITY SCHOOL OF MEDICINE INDIANAPOLIS, IN JOHNS HOPKINS SCHOOL OF MEDICINE BA LITIMORE, MD KECK SCHOOL OF MEDICINE AT USC LOS ANGELES, CA MATTEL CHILDRENS HOSPITAL AT UC LA LOS ANGELES, CA MAYO CLINUIC ROCHESTER, MN NEW YORK STATE PSYCHIATIC INSTITUTE NEW YORK, NY NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE CHICAGO, IL OREGON HEALTH & SCIENCE LITTUTE NEW YORK, NY NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE CHICAGO, IL OREGON HEALTH & SCIENCE CENTER NEW YORK, NY STUDIE CHILDRENS RESEARCH HOSPITAL MEMPHIS, TN STEIN EYE I NSTITUTE AT UCLA LOS ANGELES, CA UNIVERSITY OF ARKANSAS FO

Explanation			
SUCCESS OF THEIR COOPERATIVE RELATIONSHIP, EACH AGREED TO ENGAGE IN EFFECTIVE, COORDINATE D AND ONGOING PLANNING, OVERSIGHT, AND COMMUNICATION, AND TO COMMIT THE NECESSARY RESOURCE S, BOTH HUMAN AND MONETARY, TO SUPPORT, FACILITATE, AND PROMOTE THE COOPERATION - JOINT ME DICAL RESEARCH ON NEW APPROACHES FOR TREATING CRANIOFACIAL DEFECTS THE TRAINOR LAB PERFORM ED JOINT MEDICAL RESEARCH ON NEW APPROACHES FOR TREATING CRANIOFACIAL (HEAD AND FACE) DEFE CTS AND BONE DISEASES IN CONJUNCTION WITH THE UNIVERSITY OF KANSAS MEDICAL CENTER THIS PR OJECT INVESTIGATES THE MOLECULAR AND CELLULAR MECHANISMS OF HOW BONE SIALOPROTEIN MEDIATES BONE FORMATION AND CRANIAL BONE REPAIR THIS ONGOING RESEARCH, 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 METHOD DS FOR THE TREATMENT OF CRANIAL BONE DEFECTS AND BONE DISEASES THAT INVOLVE BONE SIALOPROTE EIN -JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS WITH COLL ABORATORS AT CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER, DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA, OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF MEDICINE, STANFORD UNIVERSITY SCHOOL OF MEDICINE, AND UNIVERSITY OF PITTSBURGH CANCER INSTITUTE INTESTINAL STEM CELLS WITH COLL ABORATORS AT CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER, DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA, OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF MEDICINE, STANFORD UNIVERSITY SCHOOL OF MEDICINE, AND UNIVERSITY OF PITTSBURGH CANCER INSTITUTE INTESTINAL DISEASES RANGIN G 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 O NGOING RESEARCH COLLABORATION, SUPPORTED IN PART BY A NIH GRANT AWARDED BY THE NATIONAL IN STITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES, HA			

990 Schedule A, Supplemental Information

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Return Reference	Explanation
THE SI LAB PERFORMED JOINT MEDICAL RESEARCH ON THE STRUCTURE AND FUNCTION	OF AMYLOIDS WITH COLLABORATORS AT THE KECK SCHOOL OF MEDICINE AT USC AMYLOID FIBRILS ARE FOUND IN MANY NEURODEGENERATIVE DISEASES BUT THEIR MECHANISM OF TOXICITY IS NOT FULLY UNDE RSTOOD AN INCREASING NUMBER OF NONTOXIC, FUNCTIONAL AMYLOIDS HAVE BEEN DESCRIBED, INCLUDI NG PROTEINS THAT ARE IMPORTANT FOR NEURONAL GROWTH AND LONG-TERM MEMORY DETERMINING THE S TRUCTURE OF FUNCTIONAL AMYLOIDS AND HOW THEIR AGGREGATION IS REGULATED PROVIDES A BETTER U NDERSTANDING OF TOXIC AMYLOIDS AND HOW THEIR AGGREGATION IS REGULATED PROVIDES A BETTER U NDERSTANDING OF TOXIC AMYLOID DISEASES THIS ONGOING COLLABORATIVE RESEARCH IS SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES OTHER US COLLABORATORS INCLUDED CALIFORNIA INSTITUTE OF TECHNOLOGY, CENTER FOR INFORMATION TECHNOLOGY, COLUMBIA UNIVERSITY , EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT OF THE N ATIONAL INSTITUTES OF HEALTH, HOWARD HUGHES MEDICAL INSTITUTE, INDIANA UNIVERSITY, JOHNS H OPKINS UNIVERSITY, LIEBER INSTITUTE FOR BRAIN DEVELOPMENT, MASSACHUSETTS INSTITUTE OF TECH NOLOGY, NATIONAL ESTITUTE OF THE NATIONAL INSTITUTES OF HEALTH, PUTTSBURG STATE UNIVERSITY, PRINCETON UNIVERSITY, PURDUE UNIVERSITY, ROCKHURST UNIVERSITY, RUTGERS UNIVERSITY, SCRIPPS RESEARCH INSTITUTE, STANFORD UNIVERSITY, STONY BROOK UNIVERSITY, UNIVERSITY OF CALIFORNIA-SAN FRANCISCO, UNIVERSITY OF CALIFORNIA-SAN PRANCISCO, UNIVERSITY OF CALIFORNIA-SAN FRANCISCO, UNIVERSITY OF C HICAGO, UNIVERSITY OF MASSACHUSESTITY OF MISSOURI-KANSAS CITY, UNIVERSITY OF PENNSYLVANIA, UNIVERSITY OF RHODE ISLAND, U NIVERSITY OF UTAH, UNIVERSITY OF WASHINGTON, AND UNIVERSITY OF WASHINGTON, AND UNIVERSITY OF MISSOURI-KANSAS CITY, UNIVERSITY OF PENNSYLVANIA, UNIVERSITY OF SA SKATCHEWAN, SASKATOON, CANADA, DEPARTMENT OF EXPERIMENTAL MEDICINE, BEJING , CHINA, CHARIT-MEDICAL UNIVERSITY, BERLIN, GERMANY, COLLEGE OF MEDICINE, AND MEDICAL SCHOOLS IN 2016 ANHUI MEDICAL UNIVERSITY, BERLIN, GERMANY, COLLEGE OF MEDICINE AND SURGERY, UNIVERSITY OF ROME TOR V

PARIS-SUD,

INVESTIGACIN BIOMDICA EN RED SOBRE ENFERMEDADES RESPIRATORIAS, MADRID, SPAIN, DOSHISHA UNIVERSITY, KYOTO, JAPAN, EVOLUTION, GNOMES, COMPORTEMENT AND ECOLOGIE, C NRS, IRD, UNIVERSIT

90 Schedule A, Supplemental Information			
Return Reference	Explanation		
THE SI LAB PERFORMED JOINT MEDICAL RESEARCH ON THE STRUCTURE AND FUNCTION	UNIVERSIT PARIS-SACLAY, PARIS, FRANCE, FONDAZIONE ITALIANA PER LA RICERCA SUL CANCRO - IN STITUTE OF MOLECULAR ONCOLOGY, MILAN, ITALY, IMPERIAL COLLEGE, LONDON, UK, INSTITUT NATION AL DE LA RECHERCHE AGRONOMIQUE - CENTRE DE BORDEAUX-AQUITAINE, VILLENAVE D'ORNON, FRANCE, INSTITUTO CAJAL, MADRID, SPAIN, INSTITUTO DE BIOLOGIA MOLECULAR E CELULAR, PORTO, PORTUGAL, INSTITUTO DE QUMICA-FSICA ROCASOLANO, MADRID, SPAIN, INSTITUTO GULBENKIAN DE CINCIA, FUN DAO CALOUSTE GULBENKIAN, OEIRAS, PORTUGAL, INSTITUTO MADRILEO DE ESTUDIOS AVANZADOS EN NAN OCIENCIA, MADRID, SPAIN, INTERNATIONAL IBERIAN NANOTECHNOLOGY LABORATORY, BRAGA, PORTUGAL, JAPAN, LEIBNIZ INSTITUTE FOR NEUROBIOLOGY, MAGDEBURG, GERMANY, MOSCOW STATE UNIVERSITY, MOSCOW, RUSSIAN FEDERATION, NATIONAL BRAIN RESEARCH CENTRE, MANESAR, GURAGON, HARYANA, IN DIA, NATIONAL UNIVERSITY OF SINGAPORE, SINGAPORE, PONTIFICIA UNIVERSIDAD CATLICA DE CHILE, SANTIAGO, CHILE, PONTIFICIA UNIVERSIDAD CATLICA DE CHILE, SANTIAGO, CHILE, PONTIFICIA UNIVERSIDAD CATLICA DEL ECUADOR, QUITO, ECUADOR, RESEARCH INSTITUTE OF MOLECULAR PATHOLOGY, VIENNA, AUSTRALIA, SAN RAFFAELE SCIENTIFIC INSTITUTE, MILAN, ITALY, SUN YAT-SEN UNIVERSITY, GUANGZHOU, GUANGDONG, CHINA, TECHNION-ISRAEL INSTITUTE OF TECHNOLOGY, HAIFA, ISRAEL, THE FRANCIS CRICK INSTITUTE - CLARE HALL LABORATORIES, SOUTH M IMMS, UK, THE FRANCIS CRICK INSTITUTE, LONDON, UK, TONGJI UNIVERSITY, SHANGHAI, CHINA, UNI VERSIDAD BERNARDO O HIGGINS, GENERAL GANA, SANTIAGO, CHILE, UNIVERSITY OF DINBURGH, EDINBURGH, UNIVERSITY OF LJUBLJANA, SLOVENIA, UNIVERSITY OF MANCHESTER, MANCHESTER, UK, UNIVER SITY OF OXFORD, OXFORD, UK, UNIVERSITY OF SCIENCE AND TECHNOLOGY OF CHINA, HEFEI, CHINA, A ND XIAMEN UNIVERSITY, XIAMEN, CHINA		

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D

Supplemental Financial Statements

OMB No 1545-0047

DLN: 93493223008057

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

➤ 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.

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

Inspection

	me of the organization DWERS INSTITUTE FOR MEDICAL RESEARCH			Employer Ide	ntification num	ber
				20-2993509	_	
Pa	Organizations Maintaining Donor Complete if the organization answere			s or Accounts.		
	Complete if the organization answere	(a) Donor advised fi	·	(b)Funds and	l other accounts	
1	Total number at end of year	(a) Donor advised to	arius	(b)i dilas alia	other accounts	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			r advised	☐ Yes	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writing benefit of the donor or don	ng that grant funds or advisor, or for ar	can be ly other purpose	☐ Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization ans	swered "Yes" on F	orm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all the	at apply)			
	\square Preservation of land for public use (e g , rec	reation or education)	Preservation o	f an historically impo	rtant land area	
	Protection of natural habitat		Preservation o	f a certified historic s	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	neld a qualified conservatio	n contribution in the		tion t the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement	ts		2b		
С	Number of conservation easements on a certified	historic structure included i	n (a)	2c		
d	Number of conservation easements included in (c) structure listed in the National Register) acquired after 8/17/06, ar	nd not on a historic	2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extingui	shed, or terminated	by the organization	during the	
4	Number of states where property subject to conse	ervation easement is locate	d ▶	_		
5	Does the organization have a written policy regard and enforcement of the conservation easements i		g, ınspection, handlı	ing of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of viol	ations, and enforcin	g conservation ease	ments during the	year
7	Amount of expenses incurred in monitoring, inspe ▶ \$	ecting, handling of violation	s, and enforcing cor	servation easement	s during the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the red	quirements of section	ın 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the orga				
Pai	Complete if the organization answere			Other Similar As	sets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it:	eld for public exhibition, edi	ucation, or research	ın furtherance of pu		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(ii)Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, I following amounts required to be reported under			financial gain, provid	le the	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in Form 990, Part X			▶ \$		
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat	No 52283D Sche	dule D (Form 9	90) 2016

 $\boldsymbol{c} \;\; \text{Leasehold improvements}$ d Equipment . . .

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

e Other .

Par	t III	Organizations Ma	aintaining Coll	lections of	Art, His	tori	cal T	reas	ures, o	r Other	Similar A	<u> Assets (</u>	continue	ed)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other r	ecords, ch	neck	any of	the fo	ollowing	that are a	significant	: use of it	s collect	ion	
а		Public exhibition				d		Loar	or exch	ange prog	ırams				
b		Scholarly research				e		Othe	er						
C		Preservation for future	e generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII														
5		ng the year, did the orga ts to be sold to raise fur									nılar	□ Y €] No	
Pa	rt IV	Escrow and Cust	odial Arrange	ments.									- 5 _	<u> </u>	
		Complete if the org X, line 21.			on Form	990	, Part	IV, I	ıne 9, o	r reporte	ed an amo	ount on	Form 9	90, Pa	rt
1a		e organization an agent ded on Form 990, Part)		an or other in	itermediar	y for	contri	bution	ns or oth	er assets	not	□ Y €	es [] No	
ь	ĭf "∨	es," explain the arrange	ement in Part VIII	and complete	e the follo	wina	table					Amount			
c		nning balance	ement in Part AIII	and complete	e the folio	wing	table			1c		Amount			
d	_	tions during the year								1d					
е		ibutions during the year	-							1e					
f		ng balance								1f					
2 a		he organization include	an amount on Fo	rm 990 Part	X line 21	for	escrow	or ci	istodial a	account lia	ability?				
		•		•	•	•					,	∐ Ye		∟ No	
b		es," explain the arrange											l		
Pa	rt V	Endowment Fund	ds. Complete If												
1.	Poginn	ung of year balance		(a)Current	year 39,191	(b) P	rior yea	r	(c)Two y	ears back	(d)Three y	ears back	(e)Four	years ba	ack_
	-	ning of year balance .			61,216		100	0,000							
		butions	as and losses		,01,210		100	3,000							
		vestment earnings, gair						-							
			•												
	and pr	expenditures for facilitie ograms	es		73,754		60	0,809							
		istrative expenses .													
g	End of	year balance		6	26,653		39	9,191							
2		de the estimated percei	-	ent year end l	balance (lı	ne 1	g, colu	mn (a	i)) held a	ıs					
а	Boar	d designated or quasi-e	ndowment >												
b	Perm	anent endowment 🟲													
c	Temp	porarily restricted endov	wment ► 100 (000 %											
		percentages on lines 2a		•											
3а		here endowment funds nization by	not in the posses	sion of the or	rganızatıor	n that	t are h	eld ar	nd admin	istered fo	r the	_		es N	lo
	(i) u	nrelated organizations					•						a(i)	N	
		elated organizations											a(ii)	N	0
		es" on 3a(II), are the rel ribe in Part XIII the inte	-		•						• •		3b		
4 Pa	Desc rt VI				s endowm	ient i	unas								
		Complete if the or			on Form 9	990,	Part	IV, lı				, , , , , , , , , , , , , , , , , , , 			
	Descr	iption of property	(a) Cost or oth (investme		(b) Cost or	other	basis (d	other)	(c)Acc	umulated d	epreciation		(d)Book	value	
1a	Land						3,40	00,000				+		3,40	0,000
	Buildir						227,68				96,772,143	, 		130,91	

96,475,275

557,705

80,896,829

15,578,446

150,450,344

557,705

	Investments—Other Securities. Complete if the organization of the	anızatıon a	nswered 'Yes' on	Form 990, Part IV, line 11b.	rage 3
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Bo	ook e Cos	(c)Method of valuation	
(1)Financial	derivatives			to or one or year market value	
	neld equity interests	_			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the or	▶ anization	answored 'Ves' o	n Form 990 Part IV line 11c	
Part VIII	See Form 990, Part X, line 13.				
	(a) Description of investment	(b) Book va		(c) Method of valuation st or end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Columi Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' of	on Form 990	. Part IV. line 11d	See Form 990. Part X. line 15	
	(a) Description Y RECEIVABLE		, ,	(b) Book value	372,884
(2) OTHER R	RECEIVABLES				25,617
(2)					
(3)					
(4)					
(6)					
(7)					
(8)					
(9)					
	imn (b) must equal Form 990, Part X, col (B) line 15)			▶ 100,3	398,501
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.			· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value		
(1) Federal II	ncome taxes		0		
ADVANCES F	FROM AFFILIATES		7,630,159		
ANNUITY PA	YABI F		97,811,837		
(3)					
(4)					
(5)					
(6)					
(=)		1		1	
(7)					
(7) (8) (9)					
(7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the fo	•	105,441,996		

1

2

b

c

d

е

3

Schedule D (Form 990) 2016

2e

3

Page 4

Donated services and use of facilities . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Subtract line 2e from line 1 .

Recoveries of prior year grants

5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12
Part	Reconciliation of Expenses per Audited Finan Complete if the organization answered
1	Total expenses and losses per audited financial statements
2	Amounts included on line 1 but not on Form 990, Part IX, line 25
а	Donated services and use of facilities
b	Prior year adjustments
c	Other losses
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
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
b	Other (Describe in Part XIII)
c	Add lines 4a and 4b
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1
Par	XIII Supplemental Information
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

3	Subtract line Ze from line 1 .		
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII) .		4b
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	
Par		i <mark>on of Expenses per Audited Financi</mark> Complete if the organization answered 'Y	
1	Total expenses and losses per au	dited financial statements	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25	
а	Donated services and use of facili	ties	2a
b	Prior year adjustments		2b
С	Other losses		2c
d	Other (Describe in Part XIII) .		2d
е	Add lines 2a through 2d		
3	Subtract line ${f 2e}$ from line ${f 1}$.		
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII) .		4b
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18)
Pai	t XIII Supplemental Info	ormation	
		art II, lines 3, 5, and 9, Part III, lines 1a and nes 2d and 4b, and Part XII, lines 2d and 4b	
	Return Reference		Explanation
See A	Additional Data Table		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4c 5 s With Expenses per Return. 90, Part IV, line 12a. 2e 3 4c 5 nis part to provide any addit

2e					
3					
4c					
5					
de any	additional information				
Schedule D (Form 990) 201!					

Page 5	Schedule D (Form 990) 2015				
	Information <i>(continued)</i>	Part XIII Supplemental Info			
planation		Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

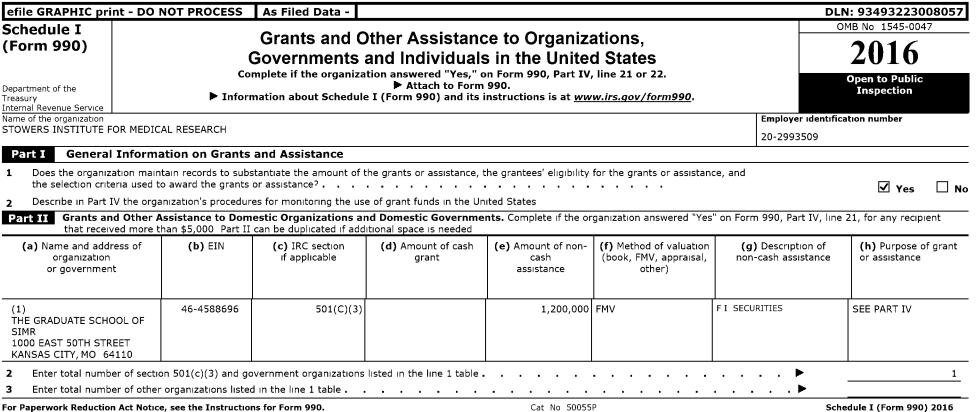
0% LIKELY OF BEING REALIZED

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Supplemental Information

Return Reference	Explanation
·	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 5.



Schedule I (Form 990) 2016								
Part III 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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
(1) STIPENDS/FELLOWSHIPS	45	996,854	20,944	FMV	SEE PART IV			
(1)			<u> </u>					
(2)			1					
(3)			1					
(4)								
(5)								
(6)								
(7)								
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

SIMR PROVIDES FELLOWSHIP STIPENDS AND NONCASH ASSISTANCE IN THE FORM OF HOUSING, BOOKS AND COMPUTERS TO RESEARCHERS DURING THEIR PERIOD SCHEDULE I, PART I, LINE 2 OF STUDY AND RESEARCH

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 Schedule I (Form 990) 2016

efil	e GRAPHIC pi	rint - DO NOT PROCESS As Fi	led Dat	a -	DLN: 934	19322	3008	057
Sch	edule J	Compe	10	1B No	1545-0	0047		
(Form 990)		For certain Officers, Dir C Complete if the organizati	hest , line 23.	2016				
Depart	tment of the Treasury	▶ Information about So	hedule J	n to Form 990. I (Form 990) and its instructions	is at)pen i	to Pul	olic
	al Revenue Service ne of the organiza		www.irs.	<u>.gov/form990</u> .	Employer identificat		ectio	
	WERS INSTITUTE FO	OR MEDICAL RESEARCH			20-2993509		illibei	
Pa	rt I Questi	ons Regarding Compensation						
1a		opiate box(es) if the organization provid ection A, line 1a Complete Part III to p					Yes	No_
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	닏	Payments for business use of perso				
		nification and gross-up payments	님	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did the orga all of the expenses described above? If '			nent or reimbursement	1 b	Yes	
2		ation require substantiation prior to rein ees, officers, including the CEO/Executiv			e 1a [?]	2	Yes	
3	organization's C	of any, of the following the filing organiz EO/Executive Director Check all that a ed organization to establish compensation	oply Doi	not check any boxes for methods				
	✓ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
		of other organizations	✓	Approval by the board or compensa	ition committee			
4	During the year related organiza	, did any person listed on Form 990, Pa ation	rt VII, Se	ection A, line 1a with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-control pay	ment?			4a		No
b	Participate in, o	r receive payment from, a supplementa	l nonqual	lified retirement plan?		4b		No
С		r receive payment from, an equity-base of lines 4a-c, list the persons and provid	•	-	t III	4c		No
5	For persons liste), 501(c)(4), and 501(c)(29) organed on Form 990, Part VII, Section A, line ontingent on the revenues of						
а	The organization	n?				5a		No
b	Any related orga If "Yes," on line	anızatıon? 5a or 5b, describe ın Part III				5b		No
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of	e 1a, dıd	the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line escribed in lines 5 and 67 If "Yes," desc			ed	7		No
8		nts reported on Form 990, Part VII, par nitial contract exception described in Rei			escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the re	ebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	iction Act Notice, see the Instructio	ns for Fo	orm 990. Cat No !	50053T Schedule J	(Form	1 990)	2016

Schedule J (Form 990) 2016							Page 2
Part II Officers, Directors, Trustees, Key Employees, and	d Highest Comp	ensated Employe	es. Use duplicate o	copies if addition	nal space is ne	eded.	-
For each individual whose compensation must be reported on Schedule J, rinstructions, on row (ii) Do not list any individuals that are not listed on Fo Note. The sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual m	orm 990, Part VII	•	* * *	•	•		ridual
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-N	ISC compensation	(C) Retirement	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F)
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	and other deferred compensation			Compensation in column(B) reported as deferred on prior Form 990
See Additional Data Table							_

Schedule J (Form 990) 2016

Page 3						
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					
	SIMR HAS WRITTEN EMPLOYMENT CONTRACTS WITH WILLIAM B NEAVES, PRESIDENT EMERITUS, AND DAVID M CHAO, PRESIDENT, WHICH PROVIDES FOR TAXABLE TERM LIFE BENEFITS AND FOR THE EXECUTIVES TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THE BENEFITS					
•	SIMR PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PURSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WERE APPROVED BY SIMR'S GOVERNING BOARD SEE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15, FOR ADDITIONAL PROCESSES RELATED TO DETERMINING EXECUTIVE					

Schedule J (Form 990) 2016

Schodula 1 /Form 000) 2016

COMPENSATION

6JOAN W CONAWAY

7JERRY L WORKMAN

8R SCOTT HAWLEY

9RICHARD W BROWN DIRECTOR/CHAIR

11ALBERZINE FREEMAN

CHIEF OPERATING OFFICER

DIRECTOR/EVP OF ADMINISTRATION

12BRENT KREIDER

INVESTIGATOR

INVESTIGATOR

INVESTIGATOR

10LINHENG LI

INVESTIGATOR

(1)

(II)

(ı)

(1)

(1)

(1)

(1)

281,817

341,321

338,876

2,174,882

250,124

393,166

564,557

Software ID:

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

Software Version:

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

		(B) Breakdown	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1DAVID A WELTE DIRECTOR/SECRETARY	(1)				0	0	0	, 0	
	(11)	1,197,002		80,172	39,750	20,933	1,337,857	, <u> </u>	
1RODERICK L STURGEON DIRECTOR/CFO	(1)				0	0	0	, 0	
	(11)	1,396,183		93,123	39,750	16,752	1,545,808	<u> </u>	
2WILLIAM B NEAVES DIRECTOR/PRESIDENT	(1)	324,379		9,685	39,750	14,811	. 388,625	,	
EMERITUS 	(11)	<u> </u>				10	/ <u> </u>	0	
3DAVID M CHAO DIRECTOR/PRESIDENT/CEO	(1)	1,455,921		6,876	39,750	942	1,503,489	,	
	(11)	l'			0	/o	/ <u> </u>	0	
4ROBERT E KRUMLAUF DIRECTOR/SCIENTIFIC	(1)	515,692		4,191	39,750	19,947	579,580	,	
DIRECTOR	(11)	1		ı	ıo	/o	/c	<u> </u>	
5 RONALD C CONAWAY INVESTIGATOR	(1)	284,799		3,564	39,750	942	329,055	,	
1	(11)	1	1,	(1 0	را	را د.	م ا	

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14,051

14,053

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10,820

18,233

340,615

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396,241

2,260,771

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DIRECTOR/SECRETARY	(1)			0	
	(11)	1,197,002	 80,172	39,750	-
1RODERICK L STURGEON DIRECTOR/CFO	(1)			0	_

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Schedule L (Form 990 or 990	' I		► Compl m 990, Pa	ete if the orga art IV, lines 2	th Interested Persons e organization answered less 25a, 25b, 26, 27, 28a, 28b, or 28c, Part V, line 38a or 40b.								
Department of the Tre Internal Revenue Serv	asurv	ormation abo	► Attac	th to Form 99 le L (Form 99 www.irs.gov	0 or Form 99 90 or 990-EZ	0-EZ.	ructio	ns is	at		Dpen i	to Pı	ıblic
Name of the org		EARCH						•	yer ide 3509	entifica			
	ss Benefit Trar lete if the organiza									ne 40b			
) Name of disquali			Relationship be				(c) [Descript ansacti	tion of	<u> </u>) Cori es	rected?
4958 3 Enter the an Correp (a) Name of	mount of tax incurrence of tax, if any ans to and/or I implete if the organiorted an amount orted an amount orted with organization	y, on line 2, al From Interestation answern Form 990, P	bove, reimbested Per red "Yes" or lart X, line !	sons. 1 Form 990-EZ, 5, 6, or 22 to or from the	Part V, line 3		90, Pa	rt IV,	line 26	h)	(i)Writ	ten
interested person	with organization	orioan	orga	nization?	principal amount	due	default?		Approved by board or committee?		agreement?		ent
			То	From			Yes	No	Yes	No	Yes		No
Total Part III Gra	nts or Assistar	ce Benefiti	ina Inter		▶ \$ ns.								
Con	nplete if the orga rested person (b)	anization ans	between n and the		990, Part IV,	(d) Type	of assi	stand	ce	(e) Pu	rpose o	of assi	stance
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Page 2

Schedule L (Form 990 or 990-EZ) 2016

	organization			reve	
				Yes	No
(1) JULIA ZEITLINGER PhD	SEE PART V	141,390	EMPLOYEE OF SIMR		No
(2) LEANNE WIEDEMANN PhD	SEE PART V	211,813	EMPLOYEE OF SIMR		No

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

Part V	Supplemental Information								
	Provide additional information for responses to questions on Schedule L (see instructions)								

Return Reference Explanation

JULIA ZEITLINGER, PH D. IS THE SPOUSE OF DAVID M CHAO, PRESIDENT OF SIMR MS ZEITLINGER IS AN

PART IV, LINE (1) & (2) ASSOCIATE INVESTIGATOR AT SIME MS ZEITLINGER'S PREVIOUS EMPLOYMENT BEFORE SIME 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 Schedule I (Form 990 or 990-FZ) 2016

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN	9349322	3008	057
	IEDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		17	ioncasii contii	Dutions		20	1 (-
		I -	_	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	10)
		► Attach to Form							
•	tment of the Treasury	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.irs</u>	s.gov/form990	Openia		
	al Revenue Service e of the organizat	l Ion				Employer iden	Inspe tification n		
		R MEDICAL RESEARCH				-			
Da	rt I Types	of Property				20-2993509			
- (Types	or Property	(2)	(b)	(c)		(d)		
			(a) Check if	Number of contributions or	Noncash contribution	Metho	d of determin	ning	
			applicable	items contributed	amounts reported on	noncash c	ontribution a	mount	S
					Form 990, Part VIII, line 1g				
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public								
5	Clothing and hou								
6	goods Cars and other v	 ehicles							
7	Boats and planes								
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9	Securities—Public		Х	2	60,100,000	FAIR MARKET	/ALUE		
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	or trust interest								
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18	Collectibles .								
19	Food inventory								
20	Drugs and medic								
21	Taxidermy .								
22	Historical artifact	ts							
23	Scientific specim	ens							
24	Archeological art								
25	Other ▶ (,							
26 27	Other ► (
28	Other ► (
	•	•	he organiza	tion during the tax year for	contributions				
				3, Part IV, Donee Acknowled		29			
								Yes	No
30a	During the year	, dıd the organızatıo	n receive by	contribution any property i	eported in Part I, lines 1 th	rough 28, that			
	ıt must hold for	at least three years	from the da	ate of the initial contribution	, and which is not required	to be used			
	for exempt purp	oses for the entire h	nolding perio	od?			. 30a		No
b		e the arrangement i		•	•	-	304		
	•	_		aliay that requires the version	v of any non chandend	ubutiane?	31	Yes	
31	_	_		olicy that requires the review	·		31	165	
32a	Does the organi contributions?		ird parties	or related organizations to s	olicit, process, or sell nonca	sh	32a		N.
Ь	If "Yes," describ								No
	•		amount in	column (c) for a type of pro	perty for which column (a)	is checked			
	describe in Part			and the second s	FELT, for miller column (d)	2			
		on Act Notice see the	Instruction	or for Form 000	Cat No. 512271	e a b a	dule M (Form	000)	2016)

efile GRAPHIC print - DO NOT PROCESS							
SCHEDUL	ΕO	Sunnlement	al Informatio	n to Form 990 or 9	90-F7	OMB No 1545-0047	
(Form 990 or EZ)	I	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.				2016	
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					Open to Public Inspection		
memal Revenue Service Employer identification number STOWERS INSTITUTE FOR MEDICAL RESEARCH Employer identification number							
STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509							
990 Schedule	e O, Supp	olemental Informatio	n				
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 Explanation
Reference

LINE 4

FORM 990, PART III,

Return Explanation

Reference

FORM 990,	VIRGINIA G STOWERS, JONATHAN THOMAS, RICHARD W BROWN, DAVID A WELTE, WILLIAM B NEAVES, DAVID M
PART VI,	CHAO AND RODERICK L STURGEON, ALL DIRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP JONATHAN
LINE 2	THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO, RODERICK L STURGEON,

BRENT KREIDER, AND ALBERZINE FREEMAN, ALL DIRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP

Return

Reference	:p-:::
FORM 990,	THE DATA AND INFORMATION NECESSARY TO PREPARE SIMR'S FORM 990 WAS COMPILED BY SIMR'S ACCOUNTING
PART VI,	DEPARTMENT AND THEN REVIEWED BY OUR TAX ATTORNEY AT BRYAN CAVE, LLP PRICEWATERHOUSECOOPERS
LINE 11B	("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

Explanation

Return

Reference

11010101100	
FORM 990,	SIMR HAS ADOPTED A "CONFLICTS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY" EACH DIRECTOR,
PART VI,	OFFICER, AND OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISIONS OF
LINE 12C	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

Explanation

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 2016

Return Explanation

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

Return Reference	Explanation
FORM 990, PART VII, 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 FORM 990, PART VII, SECTION B SIMR RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS (ACI) ACI IS A WHOLLY OWNED SUBSIDIARY OF AMERICAN CENTURY COMPANIES, INC (ACCI) IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SIMR NOT ONLY SELECTED A HIGH QUALITY MUTUAL FUND COMPANY WITH AN OUTSTANDING TRACK RECORD, BUT ALSO PLACED ITS LIQUID INVESTMENTS IN A COMPANY IN WHICH IT OWNS STOCK AND RECEIVES DIVIDENDS SIMR PAYS ACI THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH INVESTOR THOSE INVESTMENT FEES FOR A SHARED INVESTMENT POOL ARE PAID BY ITS SUPPORTING ORGANIZATION, SRM

Return Explanation

LINE 9

Reference	
FORM 990, PART XI,	OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING CHANGE IN ANNUITY RECEIVABLE, NET (323,121)

Return Reference	Explanation
FORM 990, PART III, LINE 4a	2016 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 VI RGINIA STOWERS, WHO EACH SURVIVED A BOUT WITH CANCER AND SUBSEQUENTLY DEDICATED THEIR FORT UNE 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 I NTEREST THAT WILL UTIMATELY PROVIDE A GREATER UNDERSTANDING OF THE GENES AND PROTEINS THAT CONTROL HOW CELLS IN OUR BODIES MULTIPLY, FORM TISSUES, AND DIE STUDYING THE BASIC BIOL OGY OF CELLS ENABLES SCIENTISTS TO DISCOVER HOW GENES CAUSE MANY DISEASES, INCLUDING CANCE R, BIRTH DEFECTS, AND DEMENTIA HISTORY HAS SHOWN THAT BASIC MEDICAL RESEARCH IS OFTEN A K EY FIRST STEP IN THE DEVELOPMENT OF NEW TREATMENTS, CURES, AND PREVENTIONS FOR MANY HUMAN DISEASES 2016 NOTABLE RESEARCH RESULTS IN 2016, SIMR RESEARCH TEAMS MADE DISCOVERIES MERI TING PUBLICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS 51 ORIGINAL RESEARCH PAPERS IN ALL SIMR RESEARCH TEAMS ALSO PRODUCED 34 OTHER PUBLICATIONS INCLUDING REVIEWS, COMMENT ARIES, BOOK CHAPTERS, AND BOOKS SOME OF THE HIGHLIGHTS AMONG PAPERS PUBLISHED IN 2016 INCL UDE THE HAWLEY LAB GENERATED A WHOLE-GENOME MAP OF FRUIT FLY GENETIC RECOMBINATION DURIN G MEIOSIS, WHICH IS THE PROCESS OF CELL DIVISION THAT GIVES RISE TO REPRODUCTIVE CELLS DU RING THIS PROCESS, CHROMOSOMES ARE COPIED AND PAIRED UP TO SWAP BITS OF THEIR DNAS BEFORE BE BING SEPRARTED TO CREATE EGGS AND SPERM THE HAWLEY LAB AND COLLABORATORS REPORTED THE MAP PING OF THESE RECOMBINATION EVENTS, CROSSOVERS AND NON-CROSSOVERS WITHOUT SUCH GENETIC RECOMBINATION SOFT HESE RECOMBINATION EVENTS, CROSSOVERS AND NON-CROSSOVERS WITHOUT SUCH GENETIC RECOMBINATION CHELS COULD END UP WITH THE WRONG NUMBER OF CHROMOSOMES, A MAJOR CAUSE OF MISCARRIAGE SA AND BIRTH DEFECTS IN HUMANS THIS PAPER WAS PUBLISHED IN THE MAY 2016 ISSUE OF GENETICS. THE TRAINOR LAB FOUND SIMILARITIES AMONG THREE

990 Schedule O, Supplemental Information

	
Return Reference	Explanation
FORM 990, PART III, LINE 4a	HOPEFULLY WILL HELP ACCELERATE THE PACE OF FUTURE RESEARCH ON TCS. THIS RESEARCH WAS PUBLISHED JULY 22, 2016, IN PLOS GENETICS IN RELATED RESEARCH, THE TRAINOR LAB AND COLLABORATOR S REPORTED THAT CERTAIN CELLS THAT GIVE RISE TO NEURAL CREST CELLS SHOWED A MARKED SENSIT IVITY TO OXIDATIVE STRESS. THEY DETERMINED THAT MATERNAL ANTIOXIDANT SUPPLEMENTATION COULD LESSEN OR PREVENT CRANIOFACIAL ABNORMALITIES IN THE TCS MOUSE MODEL THESE FINDINGS SUGGE ST THAT MATERNAL ANTIOXIDANT SUPPLEMENTATION MAY BE A POSSIBLE AVENUE FOR CLINICAL PREVENT ION OF TCS. THIS REPORT WAS PUBLISHED JANUARY 21, 2016, IN NATURE COMMUNICATIONS. THE TRAI NOR LAB ALSO FOUND A WAY TO USE MICE TO STUDY HIGH-ARCHED PALATE. A DISCORDER IN WHICH THE ROOF OF THE MOUTH IS ODDLY HIGH AND STEEP THE MICE MIMIC TCS IN HUMANS, OF WHICH HIGH-ARC HED PALATE IS A FEATURE. TO HELP THIS RESEARCH MOVE FORWARD, THE TRAINOR LAB RESEARCHERS A ND COLLABORATORS DEVELOPED A CONSISTENT, MEASUREMENT-BASED DEFINITION OF HIGH-ARCHED PALATE. FOR THE MICH CASPECTS OF HIGH-ARCHED PALATE. THIS WORK WAS PUBLISHED JULY 15, 2016, IN DEVELOPMENTAL BIOLOGY. THE SNOCHEZ ALVARADO LAB DISCOVERED THAT A KEY MOLECULAR SIGNA L IN CERTAIN FLATWORM CELLS SHAPES REGENERATION OF THE ORGANISM. THE FRESHWATER FLATWORM K NOWN AS PLANARIA CAN SURVIVE DECAPITATION OR EVEN BEING CUT INTO MANY PIECES. THE WORMS RE MARKABLE ABILITY TO FULLY REGENERATE FROM TINY REMNANTS OF TISSUE IS DUE TO A SPECIAL POPU LATION OF ADULT STEM CELLS KNOWN AS NEOBLASTS. THE RESEARCHERS DISCOVERED THAT A MOLECULE CALLED EGFR-3 IS NECESSARY FOR NEOBLASTS. TO REGENERATE, AND MIGHT CONTROL THE WAY THESE CE LLS DIVIDE AND DIFFERENTIATE IN RESPONSE TO OTHERWISE LETHAL DOSES OF RADIATION. THE FINDIN OH HAS IMPORTANT IMPLICATIONS FOR ADVANCING REGENERATIC MEDICINE AND FOR DEVELOPING MORE EFFECTIVE CANCER THERAPIES. THIS ARTICLE WAS PUBLISHED AUGUST 22, 2016, IN DEVELOPMENTAL CELL IN RELATED RESEARCH, THE SNCHEZ ALVARADO LAB DISCOVERED THAT SHIFTS IN THE MICROBIOME THE FLATWORM IMPACT TISSUE REPAIR AND REGENERATION SHIFTS I

Return Reference	Explanation
FORM 990, PART III, LINE 4a	ETRIEVAL OF MEMORIES USING MOLECULAR TOOLS TO ALTER THE PRION-LIKE PROTEIN ORB2 IN FRUIT FLIES, THE RESEARCHERS FOUND EVIDENCE THAT SUGGESTS ORB2 SERVES AS PART OF A MEMORY STAMP IN THE BRAIN BY SERVING AS A PHYSICAL SUBSTRATE FOR MEMORY STRENGTH AND RETENTION THIS WO RK PROVIDES INSIGHT ON HOW MEMORIES ARE MADE AND RETAINED IN THE FRUIT FLY BRAIN HUMANS HAVE A COUNTERPART TO THE FRUIT FLY ORB2 PROTEIN, WHICH SUGGESTS SIMILAR MECHANISMS MAY BE INVOLVED IN HUMAN MEMORY THE FINDINGS WERE PUBLISHED DECEMBER 5, 2016, IN CURRENT BIOLOGY THE ZEITLINGER LAB EXAMINED HOW REGIONS OF DNA CALLED ENHANCERS PERFORM THEIR ROLES IN G ENE EXPRESSION. GENE EXPRESSION IS THE PROCESS OF TURNING GENES ON OR OFF, AND ITS ESSENTI AL FOR CREATING SPECIFIC CELLS IN THE BODY ENHANCERS INCREASE THE LIKELIHOOD OF GENE EXPRESSION, BUT THEY ARE LOCKED IN AN ONGOING BATTLE BETWEEN ACTIVATION AND REPRESSION THE RE SEARCHERS FOUND THAT A CRUCIAL BALANCE BETWEEN THE TWO ACTIONS IS MAINTAINED AT THE LEVEL OF HISTONE MODIFICATIONS, AROUND WHICH DNA ENHANCERS ARE WRAPPED SUCH INSIGHT COULD PROVI DE UNDERSTANDING INTO DISEASES AND DEVELOPMENTAL DISORDERS CAUSED BY DNA ENHANCER MUTATION S, AND GIVE US A GLIMPSE INTO THE GENETIC FORCES THAT HAVE CONTRIBUTED TO HUMAN EVOLUTION THE REPORT APPEARED NOVEMBER 14, 2016, AS AN ADVANCE ONLINE PUBLICATION IN GENOME RESEARCH COMPREHENSIVE LISTS OF 2016 ORIGINAL RESEARCH PAPERS, REVIEWS, COMMENTARIES, CHAPTERS, AND BOOKS ORIGINAL RESEARCH PAPERS 1 PATHOGENIC SHIFTS IN ENDOGENOUS MICROBIOTA IMPEDE TI SSUE REGENERATION VIA DISTINCT ACTIVATION OF TAK1/MKK/P38 ARNOLD CP, MERRYMAN MS, HARRIS- ARNOLD A, MCKINNEY SA, SEIDEL CW, LOETHEN S, PROCTOR KN, GUO L, SANCHEZ ALVARADO A ELIFE 2016,5 E16793 DOI 16710 17554/ELIFE 16793 2 ATXN7L3 AND ENY2 COORDINATE ACTIVITY OF M ULTIPLE H2B DEUBIQUITINASES IMPORTANT FOR CELLULAR PROLIFERATION AND TUMOR GROWTH ATANASS OV BS, MOHAN RD, LAN X, KUANG X, LU Y, LIN K, MCIVOR E, LI W, ZHANG Y, FLORENS L, BYCKMAN JL, DENT SY MOL CELL 2016,62 558-571 3 TNIP2 IS A HUB PROTEIN IN THE NF-& (

990	Schedule	O, Supp	lemental	Information

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Return Reference	Explanation
4 MULTIOMIC ANALYSIS OF THE UV- INDUCED DNA DAMAGE RESPONSE	BOEING S, WILLIAMSON L, ENCHEVA V, GORI I, SAUNDERS RE, INSTRELL R, AYGUN O, RODRIGUEZ-MAR TINEZ M, WEEMS JC, KELLY GP, CONAWAY JW, CONAWAY RC, STEWART A, HOWELL M, SNIJDERS AP, SVE JSTRUP JQ CELL REP 2016, 15 1597-1610 5 SONAR DISCOVERS RNA-BINDING PROTEINS FROM ANALY SIS OF LARGE-SCALE PROTEIN-PROTEIN INTERACTOMES BRANNAN KW, JIN W, HUELGA SC, BANKS CA, G ILMORE JM, FLORENS L, WASHBURN MP, VAN NOSTRAND EL, PRATT GA, SCHWINN MK, DANIELS DL, YEO GW MOL CELL 2016,64 282-293 6 THE MRNA-BOUND PROTEOME OF THE HUMAN MALARIA PARASITE PL ASMODIUM FALCIPARUM BUNNIK EM, BATUGEDARA G, SARAF A, PRUDHOMME J, FLORENS L, LE ROCH KG GENOME BIOL 2016,17 147 7 A QUANTITATIVE METHOD FOR DEFINING HIGH-ARCHED PALATE USING THE TCOF1 MUTANT MOUSE AS A MODEL CONLEY ZR, HAGUE M, KUROSAKA H, DIXON J, DIXON MJ, TRAI NOR PA DEV BIOL 2016,415 296-305 8 MYELOID LEUKEMIA FACTOR ACTS IN A CHAPERONE COMPLEX TO REGULATE TRANSCRIPTION FACTOR STABILITY AND GENE DYER JO, DUTTA A, GOGOL M, WEAKE VM, DIALYNAS G, WU X, SEIDEL C, ZHANG Y, FLORENS L, WASHBURN MP, ABMAYR SM, WORKMAN JL J MO. BIOL. 2016 9 MULTIPLE LIQUID BRIDGES WITH NON-SMOOTH INTERFACES FEL LG, RUBINSTEIN BY, RATNER V ANGEW MATH PHYS 2016,67 107 DOI 10 1007/S00033-016-0702-7 10 WDR76 CO-LOCAL IZES WITH HETEROCHROMATIN RELATED PROTEINS AND RAPIDLY RESPONDS TO DNA DAMAGE GILMORE JM, SARDIU ME, GROPPE BD, THORNTON JL, LIU X, DAYEBGADOH G, BANKS CA, SLAUGHTER BD, UNRUH JR, WORKMAN JL, FLORENS L, WASHBURN MP PLOS ONE 2016,11 E0155492 DOI 0155410 0151371/JOUR NAL PONE 0155492 11 WIDESPREAD MAINTENANCE OF GENOME HETEROZYGOSITY IN SCHMIDTEA MEDITER RANEA GUO L, ZHANG S, RUBINSTEIN B, ROSS E, SNCHEZ ALVARADO A NAT ECOL EVOL. 2016,1 0019 DOI 10 1038/S41559-016-0019 12 MOLECULAR BASIS OF ORB2 AMYLOIDOGENESIS AND BLOCKADE O F MEMORY CONSOLIDATION HERVS R, LI L, MAJUMDAR A, FERNNDEZ-RAMREZ MDC, UNRUH JR, SLAUGHTER BD, GALERA-PRAT A, SANTANA E, SUZUKI M, NAGAI Y, BRUIX M, CASAS-TINT S, MENNDEZ M, LAURE NTS DV, SI K, CARRIN-VZQUEZ M PLOS BIOLOGY 2016,14 E1002361 DOI 10 1371/JOURNAL PBIO 10 02361 13

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Return Reference	Explanation
4 MULTIOMIC ANALYSIS OF THE UV- INDUCED DNA DAMAGE RESPONSE	-658 17 GENOME-WIDE IDENTIFICATION OF DROSOPHILA DORSO-VENTRAL ENHANCERS BY DIFFERENTIAL HISTONE ACETYLATION ANALYSIS KOENECKE N, JOHNSTON J, GAERTNER B, NATARAJAN M, ZEITLINGER J GENOME BIOL 2016,17 196 18 PROTEOMIC AND GENOMIC ANALYSES OF THE RVB1 AND RVB2 INTE RACTION NETWORK UPON DELETION OF R2TP COMPLEX COMPONENTS LAKSHMINARASIMHAN M, BOANCA G, B ANKS CA, HATTEM GL, GABRIEL AE, GROPPE BD, SMOYER C, MALANOWSKI KE, PEAK A, FLORENS L, WAS HBURN MP MOL CELL PROTEOMICS 2016,15 960-974 19 USP44 IS AN INTEGRAL COMPONENT OF N-COR THAT CONTRIBUTES TO GENE REPRESSION BY DEUBIQUITINATING HISTONE H2BUSP44 IS AN INTEGRAL COMPONENT OF N-COR THAT CONTRIBUTES TO GENE REPRESSION BY DEUBIQUITINATING HISTONE H2B LA N X, ATANASSOV BS, LI W, ZHANG Y, FLORENS L, MOHAN RD, GALARDY DJ, WASHBURN MP, WORKMAN JL, DENT SY CELL REP 2016,17 2382-2393 20 EGF SIGNALING DIRECTS NEOBLAST REPOPULATION BY REGULATING ASYMMETRIC CELL DIVISION IN PLANARIANS LEI K, THI-KIM VU H, MOHAN RD, MCKINNE Y SA, SEIDEL CW, ALEXANDER R, GOTTING K, WORKMAN JL, SNCHEZ ALVARADO A DEV CELL 2016,38 413-429 21 TRANSCEPTION FACTOR TLX1 CONTROLS RETINOIC ACID SIGNALING TO ENSURE SPLEEN D EVELOPMENT LENTI E, FARINELLO D, YOKOYAMA KK, PENKOV D, CASTAGNARO L, LAVORGNA G, WUPUTRA K, SANDELL LL, TJADEN NE, BERNASSOLA F, CARIDI N, DE ANTONI A, WAGNER M, KOZINC K, NIEDER REITHER K, BLASI F, PASINI D, MAJDIC G, TONON G, TRAINOR PA, BRENDOLAN A J CLIN INVEST 2 016, 26 2452-2464 22 SHAPE-CONTROLLED ANISOTROPY OF SUPERPARMAGNETIC MICRO/NANOHELICES LESHANSKY AM, MOROZOW KI, RUBINSTEIN B NANOSCALE 2016, 81 4127-14138 23 CCAR1 5' UTR AS A NATURAL MIRANCER OF MIR-1254 OVERRIDES TAMOXIFEN RESISTANCE LI G, WU X, QIAN W, CAI H, SUN X, ZHANG W, TAN S, WU Z, QIAN P, DING K, LU X, ZHANG X, YAN H, SONG H, GUANG S, WU Q, LOBIE PE, SHAN G, ZHU T CELL RES 2016 24 A PUTATIVE BIOCHEMICAL ENGRAMO F LONG-TERM M EMORY LI L, SANCHEZ CP, SALUGHTER BD, ZHAO Y, KHAN MR, UNRUH JR, RUBINSTEIN B, SI K CURR BIOL 2016,26 3143-3156 25 CYTOPLASMIC ATMINATOR BD, ZHAO Y, KHAN MR, UNRUH JR, RUBINSTEIN B, SI

Return Reference	Explanation
4 MULTIOMIC ANALYSIS OF THE UV- INDUCED DNA DAMAGE RESPONSE	ELIFE 22283 30 ANGIOPOIETIN 2 SIGNALING PLAYS A CRITICAL ROLE IN NEURAL CREST CELL MIGRA TION MCKINNEY MC, MCLENNAN R, KULESA PM BMC BIOLOGY 2016,14 111 31 THIRD CHROMOSOME B ALANCER INVERSIONS DISRUPT PROTEIN-CODING GENES AND INFLUENCE DISTAL RECOMBINATION EVENTS IN DROSOPHILA MELANOGASTER MILLER DE, COOK KR, ARVANITAKIS AV, HAWLEY RS G3 (BETHESDA) 2016,6 1959-1967 32 RARE RECOMBINATION EVENTS GENERATE SEQUENCE DIVERSITY AMONG BALANCER CHROMOSOMES IN DROSOPHILA MELANOGASTER MILLER DE, COOK KR, YEGANEH KAZEMI N, SMITH CB, C OCKRELL AJ, HAWLEY RS, BERGMAN CM PROC NATL ACAD SCI U S A 2016,113 E1352-E1361 33 WHO LE-GENOME ANALYSIS OF INDIVIDUAL MEIOTIC EVENTS IN DROSOPHILA MELANOGASTER REVEALS THAT NO NCROSSOVER GENE CONVERSIONS ARE INSENSITIVE TO INTERFERENCE AND THE CENTROMERE EFFECT MIL LER DE, SMITH CB, KAZEMI NY, COCKRELL AJ, ARVANITAKAS AV, BLUMENSTIEL JP, JASPERSEN SL, HA WLEY RS GENETICS 2016,203 159-171 34 WIDESPREAD FAILURE TO COMPLETE MEIOSIS DOES NOT I MPAIR FECUNDITY IN PARTHENOGENETIC WHIPTAIL LIZARDS NEWTON AA, SCHNITTKER RR, YU Z, MUNDA Y SS, BAUMANN DP, NEAVES WB, BAUMANN P DEVELOPMENT 2016 143 44864494 DOI 10 1242/DEV 1 41283 35 THE ROLES OF RNA POLYMERASE I SUBUNITS POLRIC AND POLRID IN CRANIOFACIAL DEVELO PMENT AND THE PATHOGENESIS OF TREACHER COLLINS SYNDROME NOACK WATT KE, ACHILLEOS A, NEBEN CL, MERRILL AE, TRAINOR PA PLOS GENET 2016,12 E1006187 DOI 1006110 1001371/JOURNAL PG EN 1006187 36 TRANSCRIPTOME ANALYSIS OF TETRAPLOID CELLS IDENTIFIES CYCLIN D2 AS A FACIL ITATOR OF ADAPTATION TO GENOME DOUBLING IN THE PRESENCE OF P53 POTAPOVA TA, SEIDEL CW, BO X AC, RANCATI G, LI R MOL BIOL CELL 2016,27 3065-3084 37 AN EVOLUTIONARY CONSERVED EPI GENETIC MARK OF POLYCOMB RESPONSE ELEMENTS IMPLEMENTED BY TRX/MLL/COMPASS RICKELS R, HU D , COLLINGS CK, WOODFIN AR, PIUNTI A, MOHAN M, HERZ HM, KVON E, SHILATIFARD A MOL CELL 20 16,63 318-328 8 COMPARATIVE AND TRANSCRIPTOME ANALYSES UNCOVER KEY ASPECTS OF CODING-A ND LONG NON-CODING RNAS IN FLATWORM MITOCHONDRIAL GENOMES ROSS E, BLAIR D, GUERRERO-HERNA NDEZ C

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41 DYNAMIC AND COMBINATORIAL LANDSCAPE OF HISTONE	MODIFICATIONS DURING THE INTRAERYTHROCYTIC DEVELOPMENTAL CYCLE OF THE MALARIA PARASITE SA RAF A, CERVANTES S, BUNIK EM, PONTS N, SARDIU ME, CHUNG DW, PRUDHOMME J, VARBERG JM, WEN Z, WASHBURN MP, FLORENS L, LE ROCH KG J PROTEOME RES 2016, 16 2787-2801 42 ROLE FOR THE MEDI21-MED7 HINGE IN ASSEMBLY OF THE MEDIATOR-RNA POLYMERASE II HOLOENZYME SATO S, TOMOMO RI-SATO C, TSAI KL, YU X, SARDIU M, SARAF A, WASHBURN MP, FLORENS L, ASTURIAS FJ, CONAWAY RC, CONAWAY JW J BIOL CHEM 2016 43 ROBUST GAP REPAIR IN THE CONTRACTILE RING ENSURES T IMELY COMPLETION OF CYTOKINESIS SILVA AM, OSORIO DS, PEREIRA AJ, MAIATO H, PINITO IM, RUBI NSTEIN B, GASSMANN R, TELLEY IA, CARVALHO AX J CELL BIOL 2016, 215 789-799 44 ANALYSIS O F MEMBRANE PROTEINS LOCALIZING TO THE INNER NUCLEAR ENVELOPE IN LIVING CELLS SMOYER CJ, K ATTA SS, GARDNER JM, STOLTZ L, MCCROSKEY S, BRADFORD WD, MCCLAIN M, SMITH SE, SLAUGHTER BD, UNRUH JR, JASPERSEN SL J CELL BIOL 2016, 215 575-590 45 THE SPLICEOSOMAL PROTEIN SF3B 5 IS A NOVEL COMPONENT OF DROSOPHILA SAGA THAT FUNCTIONS IN GENE EXPRESSION INDEPENDENT OF SPLICING STEGEMAN R, SPREACKER PJ, SWANSON SK, STEPHENSON R, FLORENS L, WASHBURN MP, WEA KE VM J MOL BIOL 2016, 428 3632-3649 46 TRIO, A RHO FAMILY GEF, INTERACTS WITH THE PRESY NAPTIC ACTIVE ZONE PROTEINS PICCOLO AND BASSOON TERRY-LORENZO RT. TORRES VI, WAGH D, GALA Z J, SWANSON SK, FLORENS L, WASHBURN MP, WAITES CL, GUNDELFINGER ED, REIMER RJ, GARNER CC PLOS ONE 2016,11 E0167535 DOI 0167510 0161371/JOURNAL PONE 0167535 47 GLYPICAN MODU LATES LATERAL LINE COLLECTIVE CELL MIGRATION NON CELL-AUTONOMOUSLY VENERO GALANTERNIK M, LUSH ME, PIOTROWSKI T DEV BIOL 2016,419 321-336 48 LOCALIZED GENE INDUCTION BY INFRARE D-MEDIATED HEAT SHOCK VENERO GALANTERNIK M, NIKAIDO M, YU Z, MCKINNEY SA, PIOTROWSKI T DEV BIOL 2016,419 321-336 48 LOCALIZED GENE INDUCTION BY INFRARE D-MEDIATED HEAT SHOCK VENERO GALANTERNIK M, NIKAIDO M, YU Z, MCKINNEY SA, PIOTROWSKI T DEV BIOL 2016,419 321-336 48 LOCALIZED GENE INDUCTION BY INFRARE D-MEDIATED HEAT SHOCK VENERO GALANTERNIK M, NIKAIDO

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Return Reference	Explanation
41 DYNAMIC AND COMBINATORIAL LANDSCAPE OF HISTONE	TIES OF HISTONE ACYLATIONS CONNECT METABOLISM TO CHROMATIN FUNCTION DUTTA A, ABMAYR SM, W ORKMAN JL MOLECULAR CELL 2016,63 547-552 DOI 10 1016/J MOLCEL 2016 06 038 6 THE CENT ENARY OF GENETICS BRIDGES TO THE FUTURE GANETZKY B. HAWLEY RS GENETICS 2016,202 15-23 7 A GLASS MENAGERIE OF LOW COMPLEXITY SEQUENCES HALFMANN R CURR OPIN STRUCT BIOL 2016, 38 9-16 8 ALFRED STURTEVANT AND GEORGE BEADLE UNTANGLE INVERSIONS HAWLEY RS, GANETZKY B. GENETICS 2016,203 1001-1003 9 LIMITING PCNA-UNLOADING AT THE G1/S TRANSITION HUANG F, ABMAYR SM, WORKMAN JL CELL CYCLE 2016, 15 3001-3002 DOI 10 1080/15384101 2016 1214036 10 REGULATION OF KAT6 ACETYLTRANSFERASES AND THEIR ROLES IN CELL CYCLE PROGRESSION, STE M CELL MAINTENANCE, AND HUMAN DISEASE HUANG F, ABMAYR SM, WORKMAN JL MOL CELL BIOL 2016, 36 1900-1907 11 HUSBANDRY TECHNIQUES FOR A LARGE COLONY OF WHIPTAIL LIZARDS, GENUS ASPI DOSCELIS (LACERTILIA TEIIDAE) JEWELL D, MUENSCH A, PIRAQUIVE C, WINTER K, KUPRONIS R, BA UMANN DP SWCHR BULLETIN 2016, 5 53-57 12 INSIGHTS INTO SENSORY HAIR CELL REGENERATION F ROM THE ZEBRAFISH LATERAL LINE KNISS JS, JIANG L, PIOTROWSKI T CURR OPIN GENET DEV 2016 40 32-40 13 ISOLATION, PROTEOMIC ANALYSIS, AND MICROSCOPY CONFIRMATION OF THE LIVER NUC LEAR ENVELOPE PROTEOME KORFALI N, FLORENS L, SCHIRMER EC METHODS MOL BIOL 2016, 1411 3-4 14 HOX GENES AND THE HINDBRAIN A STUDY IN SEGMENTS KRUMLAUF R CURR TOP DEV BIOL 20 16, 116 581-596 15 BECOMING A CROSSOVER-COMPETENT DSB LAKE CM, HAWLEY RS SEMIN CELL DEV BIOL 20 16, 516 54 117-125 16 ADVANCEMENT OF MASS SPECTROMETRY-BASED PROTEOMICS TECHNOLOGIES TO EXPLORE TRIPLE NEGATIVE BREAST CANCER MIAH S, BANKS CA, ADAMS MK, FLORENS L, LIVONGK KE, WASHBURN MP MOL BIOSTY 2016, 13 42-55 17 DEVELOPMENTAL PATTERNING PUTTING THE SQUEE ZE ON MIS-SPECIFIED CELLS NAKAJIMA Y, GIBSON MC CURR BIOL 2016, 26 R204-206 18 OCULAR STEM CELL RESEARCH FROM BASIC SCIENCE TO CLINICAL APPLICATION A REPORT FROM ZHONGSKHAN OPH THALMIC CENTER OLD CALL RISE CHOLATORY NETWORK FOR HINDBRAIN SEGMENTA TION SCULLAR TRAIN CHAILMIC CELLS AND DIVER

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41 DYNAMIC AND COMBINATORIAL LANDSCAPE OF HISTONE	UNDERSTANDING COLLECTIVE CELLMIGRATION IN DEVELOPMENTAL BIOLOGY SCHUMACHER LJ, KULESA PM, MCLENNAN R, BAKER RE, MAINI PK OPEN BIOL 2016,6 160056 DOI 160010 161098/RSOB 160056 24 THE ROLE OF FUNCTIONAL PRION-LIKE PROTEINS IN THE PERSISTENCE OF MEMORY SI K, KANDE L ER COLD SPRING HARB PERSPECT BIOL 2016,8 A021774 DOI 021710 021101/CSHPERSPECT A0217 74 25 STEM CELLS AND REGENERATION IN THE DIGESTIVE SYSTEM KEYSTONE MEETING SOFFERS JH, HANSEN D, SINAGOGA KL, LI B, MARTIN MG, WELLS J, GROMPE M, LI L GASTROENTEROLOGY 2016,1 51 E6-9 26 READING AND INTERPRETING THE HISTONE ACYLATION CODE SOFFERS JH, LI X, ABMAYR SM, WORKMAN JL BIOINFORMATICS 2016,14 329-332 27 HISTONE MODIFICATION AS A REFLECTION OF METABOLISM SUGANUMA T, WORKMAN JL CELL CYCLE 2016,15 481-482 DOI 10 1080/15384101 2015 1128190 28 THE SOCIETY FOR CRANIOFACIAL GENETICS AND DEVELOPMENTAL BIOLOGY 38TH AN NUAL MEETING TANEYHILL LA, HOOVER-FONG J, LOZANOFF S, MARCUCIO R, RICHTSMEIER JT, TRAINOR PA AM J MED GENET A 2016,170 1732-1753 29 DEVELOPMENTAL BIOLOGY WE ARE ALL WALKING MU TANTS TRAINOR PA DEVELOPMENTAL BIOLOGY CURR TOP DEV BIOL 2016,117 523-538 30 IMAGING COLLECTIVE CELL MIGRATION AND HAIR CELL REGENERATION IN THE SENSORY LATERAL LINE VENERO GALANTERNIK M, NAVAJAS ACEDO J, ROMERO-CARVAJAL A, PIOTROWSKI T METHODS IN CELL BIOLOGY 2016,134 211-256 DOI 10 1016/BS MCDE 2016 01 004 31 THERE IS NO HUMAN INTERACTOME WASH BURN MP GENOME BIOL 2016,17 48 32 RESHAPING THE CHROMATIN AND EPIGENETIC LANDSCAPES WITH QUANTITATIVE MASS SPECTROMETRY WASHBURN MP, ZHAO Y, GARCIA BA MOL CELL PROTEOMICS 20 16,15 753-754 33 CHROMATIN IT TAKES TEAMWORK TO MODIFY CHROMATIN WORKMAN JL SCIENCE 2016,351 667 34 DISSECTING THE BONE MARROW HEMATOPOIETIC STEM CELL NICHES ZHAO M, LI L CELL RES 2016,26 975-976 COMPETITIVE RESEARCH GRANT FUNDING & RESEARCH AWARDS & DISTINC TIONS

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THE ABILITY OF SIMR SCIENTISTS TO RECEIVE COMPETITIVELY AWARDED	RESEARCH FUNDING ATTESTS TO THE HIGH LEVEL OF RESEARCH PRODUCTIVITY PRESENT AT SIMR DURIN G 2016, SIMR SCIENTISTS WORKED WITH THE SUPPORT OF 25 GRANTS AND FELLOWSHIPS FROM THE NATIONAL INSTITUTES OF HEALTH, THREE GRANTS AND FELLOWSHIPS FROM THE AMERICAN CANCER SOCIETY, ONE GRANT FROM THE MARCH OF DIMES, ONE FELLOWSHIP FROM THE AMERICAN CANCER SOCIETY, ONE GRANT FROM THE MARCH OF DIMES, ONE FELLOWSHIP FROM THE AMERICAN HEART ASSOCIATION, ONE GRANT FROM THE AMERICAN HEART ASSOCIATION, ONE GRANT FROM THE AMERICAN HEART ASSOCIATION, ONE GRANT FROM THE CORNELIA DE LANGE SYNDROME FOUNDATION, ONE AWARD FROM THE AMERICAN HEMATOLOGY SOCIETY, ONE GRANT FROM THE COMPANY OF BIOLOGISTS, ONE AWARD FROM THE LEUKEMIA & LYMPHOMA SOCIETY, ONE GRANT FROM THE GREATER KA NSAS CITY COMMUNITY FOUNDATION, ONE GRANT FROM THE HEARING HEALTH FOUNDATION, ONE AWARD FROM THE HOWARD FROM THE HUNIVERSITY OF KANSAS ENDOWMENT ASSOCIATION, AND TWO INVESTIGATOR AWARDS FROM THE HOWARD HUGHES MEDICAL INSTITUTE SUPPORT FROM NEW AND CONTINUING AWARDS TO THE SIMR TOTALED MORE THAN \$6 3 MILLION IN 2016 TO SUPPLEMENT INCOME FROM ITS ENDOWMENTS TESTIFYING TO THE HIGH LEVEL OF ACHIEVEMENT TAKING PLACE AT THE SIMR ARE THE AWARDS AND HONORS SIMR MEMBERS RECEIVED IN 2016 -ROBERT KRUMLAUF, PH D , WAS ELECTED TO THE NATIONAL ACADEMY OF SCIENCES -SUE JASPERSEN, PH D , WAS ELECTED AS AN AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE FELLOW -MICHAEL WASHBURN, PH D , REC EIVED A GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES OF THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES OF THE NATIONAL INSTITUTE OF HEALTH -SARAH ZANDERS, PH D , RECEIVED A PATHWAY TO INDEPENDENCE GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES OF THE NATIONAL INSTITUTE OF HEALTH -RON YU, PH D

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THE ABILITY OF SIMR SCIENTISTS TO RECEIVE COMPETITIVELY AWARDED	TAL BIOLOGY FROM OHIO STATE UNIVERSITY RESEARCH FOCUS ANALYSIS OF MOLECULAR PATHWAYS THA T REGULATE HOW THE MAMMALIAN HEAD, BRAIN AND NERVOUS SYSTEM ARE BUILT, USING A VARIETY OF VERTEBRATE MODEL SYSTEMS. PETER BAUMANN, PH D, INVESTIGATOR AND HOWARD HUGHES MEDICAL I NSTITUTE INVESTIGATOR, JOINED SIMR IN 2002 AFTER COMPLETING A HOWARD HUGHES MEDICAL INSTITUTE POSTDOCTORAL FELLOWSHIP IN THE LABORATORY OF DR THOMAS R CECH AT THE UNIVERSITY OF COLORADO-BOULDER DR BAUMANN RECEIVED A PH D IN BIOCHEMISTRY FROM THE IMPERIAL CANCER RES EARCH FUND AND UNIVERSITY COLLEGE, LONDON RESEARCH FOCUS FUNCTIONAL ANALYSIS OF TELOMERE S AND THEIR ROLES IN CELLULAR IMMORTALITY AND CANCER - ARIEL BAZZINI, PH D, ASSISTANT IN VESTIGATOR, JOINED SIMR IN 2016 FROM THE LAB OF ANTONIO J GIRALDEZ, PH D, IN THE DEPARTM ENT OF GENETICS AT YALE UNIVERSITY, WHERE HE COMPLETED A POSTDOCTORAL FELLOWSHIP DR BAZZ INI RECEIVED HIS PH D IN MOLECULAR BIOLOGY AT THE UNIVERSITY OF BUENOS AIRES, ARGENTINA FOR HIS DOCTORAL DISSERTATION, HE STUDIED PLANT GENETICS AT THE INSTITUTE OF BIOTECHNOLOGY IN ARGENTINAS NATIONAL INSTITUTE OF AGRICULTURAL TECHNOLOGY (INTA), RESEARCH FOCUS THE R EGULATION OF GENE EXPRESSION IN VERTEBRATES - JOAN CONAWAY, PH D, INVESTIGATOR, JOINED S IMR IN 2001 FROM THE OKLAHOMA MEDICAL INSTITUTE AND INTERIM HEAD OF THE PROGRAM IN MOLECULAR AND CELL BIOLOGY DR CONAWAY RECEIVED HER DOCTORATE IN CELL BIOLOGY FROM STANFORD UNIVE RSITY SCHOOL OF MEDICINE RESEARCH FOCUS ANALYSIS OF THE MOLECULAR MECHANISM AND REGULATI ON OF GENE TRANSCRIPTION - RONALD CONAWAY, PH D, INVESTIGATOR, JOINED SIMR IN 2001 FROM THE OKLAHOMA MEDICAL RESEARCH FOUNDATION WHERE HE WAS HOLDER OF THE CHAPMAN CHAIR IN MEDICA LA RESEARCH DR CONAWAY RECEIVED HER DOCTORATE IN CELL BIOLOGY FROM STANFORD UNIVE RSITY SCHOOL OF MEDICINE RESEARCH FOCUS ANALYSIS OF THE MOLECULAR MECHANISM AND REGULATION OF GENE TRANSCRIPTION - RONALD CONAWAY, PH D, INVESTIGATOR, JOINED SIMR IN 2001 FROM THE OKLAHOMA MEDICAL RESEARCH FOCUS ANALYSIS OF THE MOLECULAR MECHANISM AND REGULATION OF GEN

Return Reference	Explanation
THE ABILITY OF SIMR SCIENTISTS TO RECEIVE COMPETITIVELY AWARDED	CHUSETTS INSTITUTE OF TECHNOLOGY, WHERE HE WAS A NATIONAL SCIENCE FOUNDATION PREDOCTORAL F ELLOW AFTER COMPLETING HIS GRADUATE STUDIES, DR HALFMANN OBTAINED AN INDEPENDENT POSITIO N AT UT SOUTHWESTERN MEDICAL CENTER WHERE HE WAS A SARA AND FRANK MCKNIGHT FELLOW AND RECE IVED A DIRECTORS EARLY INDEPENDENCE AWARD FROM THE NATIONAL INSTITUTES OF HEALTH RESEARCH FOCUS CELLULAR AND EVOLUTIONARY IMPLICATIONS OF PROTEIN SELF-ASSEMBLY USING GENETIC, BIO CHEMICAL, AND CELL-BIOLOGICAL APPROACHES - R SCOTT HAWLEY, PH D , INVESTIGATOR, JOINED S IMR IN 2001 FROM THE UNIVERSITY OF CALIFORNIA-DAVIS WHERE HE WAS A PROFESSOR OF GENETICS I N THE MOLECULAR AND CELLULAR BIOLOGY SECTION DR HAWLEY EARNED A PH D IN GENETICS FROM T HE UNIVERSITY OF WASHINGTON AND COMPLETED POSTDOCTORAL TRAINING AS A HELEN HAY WHITNEY FEL LOW AT THE INSTITUTE FOR CANCER RESEARCH IN PHILADELPHIA RESEARCH FOCUS INVESTIGATION OF MECHANISMS THAT INFLUENCE HOW CHROMOSOMES PAIR AND SEGREGATE DURING MEIOSIS USING DROSOPH ILA AS AN EXPERIMENTAL SYSTEM - SUE JASPERSEN, PH D , ASSOCIATE INVESTIGATOR, JOINED SIMR IN 2005 FROM THE LABORATORY OF DR MARK WINEY AT THE UNIVERSITY OF COLORADO-BOULDER WHERE SHE WAS A KECK FOUNDATION FELLOW, A HELEN HAY WHITNEY FELLOW, AND THE RECIPIENT OF A LEUK EMIA & LYMPHOMA SOCIETY CAREER DEVELOPMENT AWARD DR JASPERSEN HOLDS A PH D IN BIOCHEMIS TRY FROM THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCO RESEARCH FOCUS INNER NUCLEAR MEMBRAN E PROTEIN LOCALIZATION AND ROLE IN CHROMOSOME POSITIONING AND SEGREGATION - LINHENG LI, P H D , INVESTIGATOR, JOINED SIMR IN 2000 FROM THE UNIVERSITY OF WASHINGTON MEDICAL CENTER W HERE HE HELD A FACULTY APPOINTMENT AFTER COMPLETING POSTDOCTORAL TRAINING IN THE LABORATOR Y DIRECTED BY DR LEROY HOOD DR LI EARNED HIS PH D IN MOLECULAR AND CELLULAR BIOLOGY FROM NEW YORK UNIVERSITY MEDICAL SCHOOL UNDER THE MENTORING OF DR EDWARD ZIFF RESEARCH FOC US INVESTIGATION OF MOLECULAR AND GENETIC PATHWAYS CONTROLLING ADULT STEM CELL DEVELOPMEN T IN THE HEMATOPOIETIC AND INTESTINAL SYSTEMS USING TRANSGENIC AND GENE TAR

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- TATJANA PIOTROWSKI, PH D , ASSOCIATE INVESTIGATOR, JOINED SIMR	IN 2011 FROM THE UNIVERSITY OF UTAHS SCHOOL OF MEDICINE, WHERE SHE WAS AN ASSOCIATE PROFES SOR IN THE DEPARTMENT OF NEUROBIOLOGY AND ANATOMY SHE RECEIVED HER MASTERS DEGREE FROM THE UNIVERSITY OF TUBINGEN, GERMANY, AND HER DOCTORATE DEGREE FROM THE MAX PLANCK INSTITUTE FOR DEVELOPMENTAL BIOLOGY IN TUBINGEN RESEARCH FOCUS COLLECTIVE CELL MIGRATION, CELL TYPE SPECIFICATION AND STEM CELL BIOLOGY IN ZEBRAFISH AS A MODEL SYSTEM - NICOLAS ROHNER, PH D , ASSISTANT INVESTIGATOR, JOINED SIMR 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 GE NETIC MECHANISMS AND MUTATIONS THAT UNDERLIE THE ANIMAL KINGDOMS TREMENDOUS DIVERSITY IN M ORPHOLOGY, PHYSIOLOGY, AND BEHAVIOR - ALEJANDRO SNCHEZ ALVARADO, PH D , INVESTIGATOR AND HOWARD HUGHES MEDICAL INSTITUTE INVESTIGATOR, JOINED SIMR IN 2011 FROM THE UNIVERSITY OF UTAHS SCHOOL OF MEDICINE, WHERE HE HELD THE H A & EDNA BENNING PROFESSORSHIP OF NEUROBIOLO GY AND ANATOMY HE RECEIVED A B S IN MOLECULAR BIOLOGY AND CHEMISTRY FROM VANDERBILT UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE IN CINCINNATI, OHIO RESEARCH FOCUS THE MOLECULAR AND CELLULAR MECHANISMS UNDERPINNING ANIMAL REGENERATION USING THE PLANARIAN SCHMIDTEA ME DITERRANEA AS A MODEL SYSTEM - KAUSIK SI, PH D , ASSOCIATE INVESTIGATOR, JOINED SIMR 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 NEURO SCIENCE DR SI EARNED A PH D IN MOLECULAR BIOLOGY FROM THE ABBORATORY OF DREDICINE RESEARCH FOCUS TO THE AUBINATORY OF SYDAPTIC PROTEIN SYNTHESIS IN INFORMATION ACQUISITION AND MEMORY STORAGE - PAUL TRAINOR, PH D IN MOLECULAR BIOLOGY FROM THE ALBBERT EINSTEIN COLLEGE OF ME DICINE RESEARCH POCUS BOY FROM THE ABBORATORY OF SYDAPTIC PROTEIN SYNTHESIS IN INFORMATION OF THE INTERACTIONS BETWEEN DISTINCT TISSUES IN THE BODY AND THEIR REGUL

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Return Reference	Explanation
- TATJANA PIOTROWSKI, PH D , ASSOCIATE INVESTIGATOR, JOINED SIMR	ICAL INSTITUTE POSTDOCTORAL FELLOWSHIP IN THE LABORATORY OF DR ALLAN C. SPRADLING AT THE CARNEGIE INSTITUTION OF WASHINGTON DR. XIE RECEIVED HIS PH D FROM THE JOINT GRADUATE PRO GRAM IN MOLECULAR BIOLOGY AND BIOCHEMISTRY OF RUTGERS UNIVERSITY AND THE UNIVERSITY OF MED ICINE AND DENTISTRY OF NEW JERSEY RESEARCH FOCUS GENETIC AND MOLECULAR ANALYSIS OF STEM CELLS AND GERM CELL DEVELOPMENT IN DROSOPHILA AND MOUSE - C RON YU, PH D., INVESTIGATOR, JOINED SIMR IN 2005 FROM THE LABORATORY OF DR. RICHARD AXEL AT COLUMBIA UNIVERSITY CENTER FOR NEUROBIOLOGY AND BEHAVIOR WHERE HE HELD A NATIONAL INSTITUTES OF HEALTH MENTORED RESE ARCH SCIENTIST AWARD FROM THE NATIONAL INSTITUTE OF MENTAL HEALTH DR. YU EARNED HIS PH D IN MOLECULAR, CELLULAR, AND BIOPHYSICAL STUDIES AT COLUMBIA UNIVERSITY RESEARCH FOCUS H OW OLFACTORY SENSORY INFORMATION IS DETECTED, INTEGRATED, AND PROCESSED IN THE BRAIN TO IN FLUENCE SPECIFIC INNATE BEHAVIORS - SARAH ZANDERS, PH D , ASSISTANT INVESTIGATOR, JOINED SIMR IN 2016 AFTER COMPLETION OF HER POSTDOCTORAL TRAINING IN BASIC SCIENCES AT THE FRED H UTCHINSON CANCER RESEARCH CENTER (FHCRC) WITH SUPPORT FROM A PATHWAY TO INDEPENDENCE AWARD FROM THE NATIONAL INSTITUTES OF HEALTH FHCRC FACULTY MEMBERS HARMITS MALIK, PH D , AND GERRY SMITH, PH D , ADVISED HER RESEARCH ON FERTILITY, GENOME EVOLUTION, AND THE ORIGIN OF NEW SPECIES DR. ZANDERS RECEIVED HER PH D DEGREE IN GENETICS AND DEVELOPMENT FROM CORN ELL UNIVERSITY RESEARCH FOCUS THE EFFECTS OF GENETIC CONFLICTS CAUSED BY SELFISH GENES T HAT ARE EMBEDDED IN EUKARYOTIC GENOMES - JULIA ZEITLINGER, PH D , ASSOCIATE INVESTIGATOR, JOINED SIMR IN 2007 FROM THE LAB OF DR. RICHARD YOUNG AT THE WHITEHEAD INSTITUTE FOR BIOM EDICAL RESEARCH AT MASSACHUSETTS INSTITUTE OF TECHNOLOGY WHERE SHE WAS THE RECIPIENT OF A LONG-TERM POSTDOCTORAL FELLOWSHIP FROM THE LUMAN FRONTIER SCIENCE PROGRAM DR. ZEITLINGER EARNED A PH D IN MOLECULAR BIOLOGY FROM THE EUROPEAN MOLECULAR BIOLOGY LABORATORY IN HEID ELBERG, GERMANY RESEARCH FOCUS ANALYSIS OF THE GENE REGULATORY NETWORKS UNDERL

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Open to Public Inspection

Schedule R (Form 990) 2016

▶ 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 Service Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH

Department of the Treasury

(Form 990)

Employer identification number 20-2993509

Part I Identification of Disregarded Entities Complete in	the organ	ızatıon answe	red "Yes	on Form	990, Part :	IV, line 3	3.					
(a) Name, address, and EIN (If applicable) of disregarded entity		(b) Primary ac	tivity	(c Legal domic or foreign) cile (state country)	(d) Total inc		(e) End-of-year a	ssets	(f) Direct con entit	trolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Comple		nızatıon	l answered '			Part I\		cause i		nore	
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal do	(c) nicile (state in country)	(d Exempt Cod) de section	Public ((if secti	(e) charity status on 501(c)(3))	Dır	(f) rect controlling entity	Section (13) cor enti	512(l ntrolle ty?
(1)STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET	SUPPORT (DRG		DE	501(C)(3)	12A-TY		ΕΙ	SIMR		Yes	No
KANSAS CITY, MO 64110 20-5916445												
(2)STOWERS RESOURCE MANAGEMENTINC 1000 EAST 50TH STREET	SUPPORT (DRG		DE	501(C)(3)	12A-TYF		ΕΙ	SIMR		Yes	
KANSAS CITY, MO 64110 41-2186719												
(3)BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET	SUPPORT (DRG	G		501(C)(3)	12A-TYF		A-TYPE I			Yes	
KANSAS CITY, MO 64110 74-3238244												
(4)STOWERS REAL ESTATE HOLDING CORPORATION 1000 EAST 50TH STREET	TITLE HOL	DING		DE	501(C)(2)	N/A			SRM		Yes	
KANSAS CITY, MO 64110 26-1472230												
(5)STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET	SEE PART	VII		DE	501(C)(4)	N/A			SIMR		Yes	
KANSAS CITY, MO 64110 20-3270502												
(6)THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET	EDUCATIO	N		MO	501(C)(3)		2		SIMR		Yes	
KANSAS CITY, MO 64110 46-4588696												

Cat No 50135Y

Name, address, and EIN of related organizations activity and related organizations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Form 990, Part IV, Inspect 1980, I	Page Z													ule K (101111 990) 2010
related organization activity (state organization and properties) and properties of foreign (country)	e ıt had	ecause it	ine 34 be	t IV,	990, Pa	" on Form	red "Yes	answe	anızatıon	e if the org				
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inspection of Related Organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization Primary activity (b) (c) Legal Direct controlling entity (C corp, S corp, or trust) Percentage ownership (S corp, S corp, or trust) DE BVC C CORP Share of total income vear assets Share of total income vear assets ON Percentage ownership ON Percen	al or Percentag ging ownershi	(j) General or managing partner? Yes No	ount in box 20 of hedule K-1	s? an S(allocatio	end-of-year	Share of	lated, to ed, from der 512-	Predomir income(re unrelate excluded tax und sections!	Direct controlling	Legal domicile (state or foreign	Primary		(a) Name, address, and EIN of related organization
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (c) C corp, S corp, or trust) (c) Type of entity (C corp, S corp, or trust) (c) Share of total income vear assets (d) Percentage entity (C corp, S corp, or trust) (c) Share of end-of-year assets (d) Percentage (State or foreign country) (d) Type of entity (C corp, S corp, or trust) (C corp, S corp, or trust) (C corp, S corp, or trust) (DE BVC C CORP		100 110												
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (c) C corp, S corp, or trust) (c) Share of total income vear assets (c) Percentage ownership (c) Share of total income vear assets (c) Share of end-of-year assets (c) Share of total income vear assets (c) Share of end-of-year assets (d) Share of e				_										
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because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) (c) (state or foreign country) Direct controlling entity (C corp, S corp, or trust) Share of total income year assets Ownership 1)BIOMED VALLEY DISCOVERIESINC SEE PART VII DE BVC C CORP		$\vdash\vdash$		+				+	-					
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) (c) Use Corp, S corp, or trust) (c) Corp, S corp, or trust) Share of total income vear assets (a) Percentage ownership (b) Percentage ownership (c) Corp, S corp, or trust) Share of total income vear assets (a) Percentage ownership (b) Percentage ownership (c) Corp, S corp, or trust) Share of end-of-year assets (a) Percentage ownership (b) Percentage ownership (c) Corp, S corp, or trust) Share of total income vear assets				+				\dashv				-		
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) (c) Use Corp, S corp, or trust) (c) Corp, S corp, or trust) Share of total income vear assets (a) Percentage ownership (b) Percentage ownership (c) Corp, S corp, or trust) Share of total income vear assets (a) Percentage ownership (b) Percentage ownership (c) Corp, S corp, or trust) Share of end-of-year assets (a) Percentage ownership (b) Percentage ownership (c) Corp, S corp, or trust) Share of total income vear assets				\perp										
(a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) (1)BIOMED VALLEY DISCOVERIESINC SEE PART VII DE (c) Legal domicile (state or foreign country) Direct controlling entity (C corp, S corp, or trust) Share of total income vear assets Share of end-of-year assets SEE PART VII DE BVC C CORP														
(a) Name, address, and EIN of related organization (b) Primary activity Primary activity (c) Legal domicile (state or foreign country) (state or foreign country) (c) Direct controlling entity (C corp, S corp, or trust) (c) Type of entity (C corp, S corp, or trust) Share of total income year assets	34	line 34	Part IV,	n 990	on For	ered "Yes"	ion answ							
(1)BIOMED VALLEY DISCOVERIESINC SEE PART VII DE BVC C CORP 1000 EAST 50TH STREET KANSAS CITY, MO 64110	Section 512 (13) controll entity?) ntage rship	Percer	ir	y€		S corp,	(e Type of (C corp,	(d) controlling	Direct	(c) Legal domicile (state or foreign		(b)	(a) Name, address, and EIN of
KANSAS CITY, MO 64110	Yes No				1			C CORP		BVC			SEE PART VII	DMED VALLEY DISCOVERIESINC
														AS CITY, MO 64110
	+				1									
Schedula P. (Fo														

See Additional Data Table

(a) Name of related organization

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Re	eceipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	Yes	
b Gif	ft, grant, or capital contribution to related organization(s)	1b	Yes	
c Gıf	ft, grant, or capital contribution from related organization(s)	1c	Yes	
d Loa	pans or loan guarantees to or for related organization(s)	1d		No
e Loa	ans or loan guarantees by related organization(s)	1e		No
f Dıv	vidends from related organization(s)	1f		
	ale of assets to related organization(s)	1 g		No
h Pu	ırchase of assets from related organization(s)	1h		No
	change of assets with related organization(s)	1i		No
	ase of facilities, equipment, or other assets to related organization(s)	1j	Yes	

Page **3**

	-	—	┼
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	

g	Sale of assets to related organization(s)	1 g		No
	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	
а	Reimbursement paid by related organization(s) for expenses	1 q	Yes	

- 11	Fulchase of assets from related organization(s).	1	l	
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
		1k	Yes	
K	Lease of facilities, equipment, or other assets from related organization(s)		165	
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	<u> </u>
	Reimbursement paid by related organization(s) for expenses	1 q	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 covered relationships and transaction thresholds			

(b) Transaction type (a-s)

(c) Amount involved

(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	l domicilo l	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite)	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	or Ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
									_	Schedul	e R (Forn	1 99	0) 2016

Schedule R (Form 990) 2016 Page 5 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) ISIMR 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 SSEI PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH AND

PART V, LINE 2 (4) SCIENCE EDUCATION ACTIVITIES PART V, LINE 2 (5) 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 SIME. THE LEASE HAS AN ORIGINAL TERM OF 10 YEARS WITH A PROVISION FOR ADDITIONAL OPTION YEARS FOR

A 280.000 SOUARE FEET BUILDING SIMR'S LEASE PAYMENTS TO SREHC IN 2016 TOTALED \$2,230.551

PART V, LINE 2 (6) SIMR REIMBURSED SRM FOR COSTS ASSOCIATED WITH SRM'S ADMINISTRATIVE AND SUPPORT SERVICES PROVIDED TO SIMR. SRM IS A SUPPORTING ORGANIZATION TO SIME

SIMR REIMBURSED BVD FOR SERVICES ON THE SERVICE COST METHOD

PART V, LINE 2 (7)

PART V, LINE 2 (8) BVD REIMBURSED SIMR FOR SERVICES ON THE SERVICE COST METHOD

Schedule R (Form 990) 2016

Additional Data

1000 EAST 50TH STREET KANSAS CITY, MO 64110

Form

(1)

(1)

(2)

(4)

20-5916445

41-2186719

74-3238244 (3)

26-1472230

20-3270502 (5)

46-4588696

Software ID:

Name, address, and EIN of related organization

Software Version:

El	N: 20-2993509			
Nan	e: STOWERS INSTI	TUTE FOR MEDICAL	RESEARCH	
n 990, Schedule R, Part II - Identification of Related Ta	x-Exempt Organiza	tions		
(a)	(b)	(c)	(d)	

Primary activity

SUPPORT ORG

SUPPORT ORG

SUPPORT ORG

TITLE HOLDING

SEE PART VII

EDUCATION

Legal domicile

(state

or foreign country)

DE

DE

DE

DE

DE

МО

Exempt Code

section

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(2)

501(C)(4)

501(C)(3)

(e)

Public charity

status

(if section 501(c)

(3))

12A-TYPE I

12A-TYPE I

12A-TYPE I

IN/A

N/A

(f)

Direct controlling

entity

SIMR

SIMR

SIMR

ISRM

ISIMR

SIMR

(g)

Section 512

(b)(13)

controlled

entity? Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

(a) (b) (c) Name of related organization Amount Involved (d) Transaction Method of determining amount involved type(a-s) (1) 14,694 MARKET VALUE BIOMED VALLEY DISCOVERIES INC (1) THE GRADUATE SCHOOL OF SIMR В 1,200,000 MARKET VALUE (2) STOWERS RESOURCE MANAGEMENT INC C 60,000,000 MARKET VALUE (3) STOWERS SCIENTIFIC EDUCATION INSTITUTE 100,000 MARKET VALUE (4) STOWERS REAL ESTATE HOLDING CORP 2.230.551 MARKET VALUE STOWERS RESOURCE MANAGEMENT INC Ρ 23,607,962 COST REIMB

Q

641,488

COST REIMB

(5)

(6) 271,555 COST REIMB BIOMED VALLEY DISCOVERIES INC

(7) BIOMED VALLEY DISCOVERIES INC

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

SEE PART VII FOR ADDITIONAL INFORMATION

(8)