efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493222002278 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organizatio D Employer identification number B Check if applicable STOWERS INSTITUTE FOR MEDICAL RESEARCH □ Address change ☐ Name change % J SCOTT PETTET Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 1000 EAST 50TH STREET ☐ Application pending (816) 926-4000 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO  $\,$  64110  $\,$ **G** Gross receipts \$ 173,242,459 Name and address of principal officer H(a) Is this a group return for DAVID M CHAO □Yes ☑No subordinates? 1000 EAST 50TH STREET H(b) Are all subordinates KANSAS CITY, MO 64110 ☐ Yes ☐No ıncluded? Tax-exempt status 501(c) ( ) ◀ (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW STOWERS ORG L Year of formation 2005 M State of legal domicile DE K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SIMR'S EXEMPT PURPOSE IS TO PERFORM MEDICAL RESEARCH IN THE PUBLIC INTEREST WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF THE FUNDAMENTAL PROCESSES OF LIVING CELLS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 2 Number of independent voting members of the governing body (Part VI, line 1b) 5 396 Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) . 6 2 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 65,347,331 8 Contributions and grants (Part VIII, line 1h) . 84,480,242 Program service revenue (Part VIII, line 2g) . 338,417 338,850 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 956,336 704,902 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 107,451 118,662 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 66,749,535 85,642,656 350,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 2,218,297 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 31,395,840 33,387,217 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 47,276,502 46,738,511 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 80,475,728 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 80.890.639  $\mathbf{19}$  Revenue less expenses Subtract line 18 from line 12 . -14,141,104 5,166,928 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 338,449,040 337,368,768 21 Total liabilities (Part X, line 26) . 113,910,541 107,843,358 22 Net assets or fund balances Subtract line 21 from line 20 224,538,499 229,525,410 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-08-08 Signature of officer Sign Here RODERICK L STURGEON CFO Type or print name and title Print/Type preparer's name MICHELLE MICHALOWSKI Preparer's signature MICHELLE MICHALOWSKI Date PTIN Check  $\square$  ıf P00755304 Paid self-employed Firm's name PricewaterhouseCoopers LLP Firm's EIN ▶ **Preparer** 

For Paperwork Reduction Act Notice, see the separate instructions.

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

STE WASHINGTON, DC 20005

Firm's address ▶ 600 13TH ST NW

Use Only

Phone no (202) 414-1000

✓ Yes 🗆 No

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	organization's mission				
SEE S	SCHEDULE O					
2	Did the organization	undertake any significa	ant program ser	vices during the year whi	ich were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3		<del>-</del> -	_	changes in how it conduc		
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code	) (Expenses \$	72,463,154	including grants of \$	350,000 ) (Revenue \$	338,850 )
	See Additional Data					·
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program servi	ces (Describe in Sched	ule O)			
	(Expenses \$	Inc	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ▶	72,463,1	54		

or X as applicable

**Checklist of Required Schedules** 

Page 3

No

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 🛸 . . . . . . . . . . .

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,

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

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,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

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

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 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 . . . . . . . . . . . . .

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,

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 . . . .

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11c

11d

11e

11f

12a

12b

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14a

14b

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Form **99** 

Nο Nο No

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

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	No
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No

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

No

Νo

Part	Checklist of Required Schedules (continued)		
1		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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,

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 . . . . \*\*

is 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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

24d

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

orm '	990 (2017)			Page :
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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 24	<b>」</b>		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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	2b	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	Yes	
За	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
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		<b>5</b> c		
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?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	5 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
0-2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	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 )	1		
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
		-		l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

01111	330 (2	327,			rage
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 9			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 2			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes	
3		ne organization delegate control over management duties customarily performed by or under the direct supervisior cers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		ne organization have members or stockholders?	6		No
		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more	H		
		pers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing			
а	The g	overning body?	8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?	8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a		No
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in fulle O how this was done</i>	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
_		s with respect to such arrangements?	<b>16</b> b		
		C. Disclosure			
17 10		ne States with which a copy of this Form 990 is required to be filed			
18	avaıla	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ble for public inspection. Indicate how you made these available. Check all that apply			
4.0		Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest, and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records COTT PETTET 1000 E 50TH STREET KANSAS CITY, MO 64110 (816) 926-4000			

✓

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

and Independent Contractors

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 year

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

Check this box if neither the organization no	r any related o	ganızat	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t cho inles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) VIRGINIA G STOWERS DIRECTOR	2 0	х						0	0	0
(2) DAVID A WELTE DIRECTOR/SECRETARY	2 0	х		х				0	1,326,581	65,268
(3) RODERICK L STURGEON DIRECTOR/CFO	2 0 46 0	х		x				0	1,555,086	60,068
(4) WILLIAM B NEAVES DIRECTOR/PRESIDENT EMERITUS	20 0	Х		х				271,262	0	56,102
(5) DAVID M CHAO DIRECTOR/PRESIDENT/CEO	40 0	х		x				1,537,787	0	41,442
(6) ROBERT E KRUMLAUF DIRECTOR/SCIENTIFIC DIRECTOR	40 0 3 0	х						532,371	0	64,232
(7) RICHARD W BROWN DIRECTOR/CHAIR	2 0 45 0	х		х				0	2,312,275	57,286
(8) ALBERZINE FREEMAN DIR/EVP OF ADMIN (THRU 01/17)	2 0	Х						0	64,281	3,875
(9) JONATHAN THOMAS DIRECTOR	2 0	Х						0	0	0
(10) BRENT KREIDER CHIEF OPERATING OFFICER	2 0 40 0			х				0	581,636	21,746
(11) RONALD C CONAWAY INVESTIGATOR	40 0					×		295,477	0	41,442
(12) JOAN W CONAWAY INVESTIGATOR	40 0					×		292,489	0	58,280
(13) JERRY L WORKMAN INVESTIGATOR	40 0					x		352,675	0	50,571
(14) R SCOTT HAWLEY INVESTIGATOR	40 0					х		349,080	0	60,099
(15) LINHENG LI INVESTIGATOR	40 0					x		259,205	0	39,475
	0 0		<del>                                     </del>				$\vdash$			

Form 990 (2017) Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F)

(A) Name and Title	Average hours per week (list any hours		ne bo	ox, u n of	t che inles ficer	s pers and a	on	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoxies	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total			٠.	۲.		▶				
c Total from continuation sheets to Pa						▶ [				
d Total (add lines 1b and 1c)						▶		3,890,346	5,839,859	619,886
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$1	00,000	

1b :	Sub-Total						•			
c T	Total from continuation sheets to Pa	rt VII, Sectio	nΑ.				▶[			
d 1	「otal (add lines 1b and 1c) .     .     .						▶	3,890,346	5,839,859	
2	Total number of individuals (including of reportable compensation from the c			e liste	ed a	bove	e) wh	no received more than	\$100,000	

	of reportable compensation from the organization P 43			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

	line 1a? If "Yes," complete Schedule J for such individual		3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for su						
	ındıvıdual		4	Yes			
5 	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom 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			

5	services rendered to the organization? If "Yes," complete Schedule J for such person					
S	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o		pensat	tion		
	(A) Name and business address	(B) Description of services		(C) Compensation		
4500	MICAN CENTURY INVESTMENTS, MAIN STREET AS CITY, MO 64111	INDIRECT - SEE SCH O		160,000		

2 Total number of independent contractors (including but not limited to those listed above) who is compensation from the organization ▶ 1	received more than \$100,000 of	
		Form 000 (2017)

Part	VII									
		Check if Schedul	e O contains a	a respo	onse or note to any	Ine in this Part VII (A) Total revenue	I ( <b>B</b> ) Related exem	d or pt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ıts nts		Federated campaign		1a			reven	I	revenue	512-514
, Gran Amoui	,	<ul><li>b Membership dues</li><li>c Fundraising events</li></ul>		1b 1c						
, Gifts nilar A		d Related organizatio e Government grants (co		1d 1e	80,100,000 3,827,776					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, and similar amounts no above	ot included	1f	552,466					
Contril and Ot		9 Noncash contribution in lines 1a-1f \$ 1 Total.Add lines 1a-1			<b>&gt;</b>	84,480,242				
	┵				Business					
Service Revenue	_	COLLABORATION FEE FF	ROM HHMI 501(	C)(3)		900099 3	38,850	338,85	0	+
nce F	b c									
Serv	d	•								
Program	e f	All other program se	rvice revenue							
Prog		Total.Add lines 2a-2f			3	38,850				
	3	Investment income (ii	ncluding divid	ends, ı	nterest, and other	774.44				774.440
		similar amounts) . Income from investme			ond proceeds >	774,41	0			774,410
		Royalties				26,00	0		(	26,000
			(ı) Real		(II) Personal					
	6a	Gross rents		14,779						
	b	Less rental expenses		14,779						
	c	: Rental income or (loss)		0	0					
	d	Net rental income o	r (loss)				0		(	0
	7a	Gross amount from sales of assets other than inventory	(ı) Securit 87,4	33,379	(II) Other 82,137					
	ь	Less cost or other basis and sales expenses	87,5	81,505	3,519					
		Gain or (loss)		48,126	78,618	Į				
		Net gain or (loss)			<b>•</b>	-69,50	8		(	-69,508
Other Revenue	ъа	Gross income from form (not including \$ contributions reported See Part IV, line 18	ed on line 1c)	of	0					
Re		Less direct expense		b	0					
her		: Net income or (loss) : Gross income from g			ents 🕨	1	0			
ŏ	<i>-</i>	See Part IV, line 19		a	0					
		Less direct expense: Net income or (loss)		<b>b</b> activit	0 les •		0			
	10a	Gross sales of invent returns and allowand		a	0					
	b	Less cost of goods s	sold	b						
	С	Net income or (loss)		ınvent			0			
	11	Miscellaneous			Business Code 900099	92,66	2			92,662
	b	,								
	c									<u> </u>
		All other revenue . Total. Add lines 11a								
		: Total. Add lines 11a : Total revenue. See				92,66	2			
		. rotar revenue. 566	THE UCCIONS	• •	• • • •	85,642,65	6	338,850	(	823,564 Form <b>990</b> (2017)

IX Statement of Functional Expenses
-------------------------------------

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

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)

expenses on Schedule O )

c NON-CAPITAL EQUIPMENT

d APPROPRIATION TO GSSIMR

**b** LAB SUPPLIES

e All other expenses

a COST-SHARING W/RELATED ORG

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	-	·		🗆
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	350,000	350,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
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			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,490,152	2,241,136	249,016	
<b>6</b> 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	23,296,243	20,966,619	2,329,624	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,638,893	1,475,004	163,889	
9 Other employee benefits	4,410,652	3,969,587	441,065	
<b>10</b> Payroll taxes	1,551,277	1,396,149	155,128	
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	0			
c Accounting	0			
<b>d</b> 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)	1,056,210	950,589	105,621	
12 Advertising and promotion	0			
<b>13</b> Office expenses	205,391	184,852	20,539	
<b>14</b> Information technology	421,430	379,287	42,143	
15 Royalties	0			
<b>16</b> Occupancy	2,215,772	1,994,195	221,577	
<b>17</b> Travel	612,388	551,149	61,239	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials •	0			
19 Conferences, conventions, and meetings	714,196	642,776	71,420	
<b>20</b> Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,677,216	8,709,494	967,722	
23 Insurance	0			

23,938,413

6,222,869

231,125

1,050,000

393,501

80,475,728

21,544,572

5,600,582

208,012

945,000

354,151

72,463,154

2,393,841

622,287

23,113

105,000

39,350

0

Form **990** (2017)

8,012,574

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

0 1

0 4

0 5

0 6

0

8

9

10c

11

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13

15

16

17

19

23

24

25

26

27

28

29

30

31

32

33

34

2.279

373.549

150,450,344

84.258.083

100.398.501

338,449,040

8,156,226

312,319

502,429

٥

0 14

0 18

0 20

0 21

0 22

0

105.441.996

113,910,541

223.911.846

224,538,499

338,449,040

626.653

0

327,413,091

181,210,555

2

3

2.113.368

350,487

(A)

Beginning of year

Page **11** 

n

0

1,334,981

472,672

1,447

85.128

338.505

146,202,536

92.984.360

95.276.219

337,368,768

8,559,157

247,817

672.920

0

0

0

0

0

0

0

O

99.036.384

107,843,358

228,975,170

229,525,410

337.368.768

Form **990** (2017)

550.240

(B)

End of year

Accounts receivable, net .

Part II of Schedule L

Inventories for sale or use .

Less accumulated depreciation

Check if Schedule O contains a response or note to any line in this Part IX . Cash-non-interest-bearing .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Savings and temporary cash investments . . .

Pledges and grants receivable, net . . .

II of Schedule L . . . . . . .

Notes and loans receivable, net . .

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net 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)

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.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related 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 .

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 ightharpoonup and

Page **12** 

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

No

Νo

2	Total expenses (must equal Part IX, column (A), line 25)	2	80
3	Revenue less expenses Subtract line 2 from line 1	3	5
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	224
5	Net unrealized gains (losses) on investments	5	

Form 990 (2017)

Schedule O

Donated services and use of facilities .

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

106.121 Investment expenses . 7

Prior period adjustments . 8 Other changes in net assets or fund balances (explain in Schedule O) . 9 -286,138 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 229,525,410 10 Part XII **Financial Statements and Reporting** 

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

### **Additional Data**

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

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Form 990 (2017)

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

Software ID:

efile	e GR/	APHIC prii	nt - DO NOT PR	OCESS	As Filed Data -				3493222002278
SCI	ΗED	ULE A	Р	ublic (	Charity Statu	s and Pub	olic Supp		OMB No 1545-0047
For 90E		11 990 or Complete if the organization is a section $501(c)(3)$ organization or a section						2017	
aterna	l Reven	the Treasury		tion abou	t Schedule A (Form				Open to Public Inspection
lam	e of th	ne organiza	tion MEDICAL RESEARCH					Employer identific	ation number
-			(- B Lii- Ol-		- (All		1 - 1   1 \ 6	20-2993509	
	r <b>t I</b> rganiz				I <b>s</b> (All organization it is (For lines 1 thro			see instructions.	_
1			·		sociation of churches	•	•	(Δ)(i).	
2		•			.)(A)(ii). (Attach Sch			()(-)	
				. , .		,	, ,	:::>	
3	Ш	·	•	•	ice organization desci			-	
4	✓		and state	on operate PART V		a hospital descri	bed in <b>section :</b>	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Complete Pa	rt II )	·	,	, -	ernmental unit descri	ped in <b>section 170</b>
6		•	, ,		governmental unit de		. , , , ,	,,	
7			ation that normally '0(b)(1)(A)(vi).			s support from a	governmental u	nit or from the genera	al public described in
8	П				170(b)(1)(A)(vi)	(Complete Part II	( )		
9					scribed in <b>170(b)(1)</b> le instructions Enter			with a land-grant coll college or university	ege or university or a
10		from activit	ies related to its e	xempt fund ated busine	ctions—subject to ceress taxable income (le	taın exceptions, a	and (2) no more	is, membership fees, than 331/3% of its subsets acquired by the o	pport from gross
1		An organiza	ation organized and	d operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported orga	nızatıons d		09(a)(1) or sec	tion 509(a)(2	s of, or to carry out th ). See <b>section 509(a</b> s 12e, 12f, and 12g	
а		<b>Type I.</b> A so	supporting organize n(s) the power to	ation opera regularly a	ited, supervised, or c	ontrolled by its su	upported organiz	zation(s), typically by of the supporting orga	
b		<b>Type II.</b> A manageme	nt of the supportin	zation supe ig organiza	tion vested in the sar			organization(s), by hav ge the supported orga	
С		Type III f		<b>rated.</b> A s				nd functionally integra	ted with, its
d		Type III n	on-functionally i	<b>ntegrated</b> rganization	I. A supporting organi	Ization operated i fy a distribution r	n connection wi	th its supported orgar an attentiveness requ	
e		Check this	box if the organiza	ition receiv	ed a written determir	nation from the IF	RS that it is a Ty	pe I, Type II, Type II	functionally
f	Entor		or Type III non-fu of supported orga		integrated supporting	organization			
g .					oported organization(	e)			
		Name of support	oorted (i	i) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
								_	
Γotal		work Reduc						0	

instructions

	(Complete only if you che	cked the box o	on line 5, 7, 8, o	r 9 of Part I or i	f the organization	n failed to qual	ıfy under Part
	III. If the organization fa	ils to qualify un	ider the tests lis	ted below, pleas	se complete Part	· III.)	
S	ection A. Public Support		1	1			T
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
1	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						
S	ection B. Total Support						
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	(4)2020	(5)2011	(0)2015	(4)2010	(6)2017	(1)10001
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	•
	First five years. If the Form 990 is for			ard fourth or fifth	tay year as a sec		anization
	•	_			•	• • • • • •	_
_	check this box and stop here						
	ection C. Computation of Public						
	Public support percentage for 2017 (line			column (f))		14	
15	Public support percentage for 2016 Sch	edule A, Part II,	line 14			15	
<b>16</b> a	<b>33 1/3% support test—2017.</b> If the	organization did i	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test-2016. If the	organization did	not check a box of	n line 13 or 16a, a	and line 15 is 33 1,	/3% or more, che	ck this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ranization			►□
173	10%-facts-and-circumstances test-				e 13. 16a. or 16b.	and line 14	
1/0	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	<u>-</u>			<b>-</b>			►□
	organization 10%-facts-and-circumstances test		rannization did ===	t chack a bay as !	no 12 165 166 -	or 17a and line	<b>-</b> -
b	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	•			toot The orga	aaaa qaamiica c		▶□
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule fo					_	_
	(Complete only if you o						er Part II. If
	the organization fails to ection A. Public Support	o quality under	the tests listed	pelow, please co	ompiete Part II.	)	
	Calendar year						<i>(</i> 0 = )
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						
8	from line 6 )						
Se	ection B. Total Support		l	L		l	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(0) 2013	(d) 2010	(e) 2017	(I) Iotai
9							
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
13							
14	11, and 12) First five years. If the Form 990 is for	r the organization	ı n's fırst. second. tl	ı nırd. fourth, or fıft	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and <b>stop here</b>		,	,,,	<b>,</b>		▶ □
Se	ection C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2017 (li			column (f))		15	
16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			<u> </u>	
17	Investment income percentage for 20			line 13, column (f	f))	17	
18	Investment income percentage from 2	<b>2016</b> Schedule A,	Part III, line 17			18	
	331/3% support tests—2017. If the			on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2016. If the	•					· —
,	not more than 33 1/3%, check this bo	-			*		▶□
20	Private foundation. If the organizati	<del>-</del>	<del>-</del>		· · · · · -		▶□
							. —

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·			
	determination	3b			
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in 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				

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	-		
		3с		
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		$\overline{}$	
	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 <b>Part VI</b> 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	$\overline{}$	
	to the foleight supported organization has used exclusively for section 170(e)(2)(b) purposes			
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 in Part I, answer (b) and (c) below	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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					
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)					

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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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,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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Pa	rt IV Supporting Organizations (continued)			-9
			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		
	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		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in <b>Part VI</b> ) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	10 Line 8 amount divided by Line 9 amount		

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions				
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

ich the organization is respons	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	(i)	(1) Underdistributions

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			_
d From 2015			

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A	chedule A (Form 990 or 990-EZ) 2017 Page <b>8</b>		
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		

990 Schedule A, Supplemental Information			
Return Reference	Explanation		
PART I, LINE 4	COOPERATION AGREEMENTS AND COLLABORATIONS IN 2017, STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") SCIENTISTS COLLABORATED WITH RESEARCHERS AT MORE THAN 60 NATIONAL INSTITUTIONS AN D MORE THAN 40 INTERNATIONAL INSTITUTIONS INCLUDING DOZENS OF HOSPITALS, MEDICAL CENTERS, AND MEDICAL SCHOOLS MANY OF THESE COLLABORATIONS RESULTED IN DISCOVERIES THAT MERITED PUB LICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS AND/OR SUCCESSFULLY FUNDED GRANT AWA RDS SIMR CONDUCTS MEDICAL RESEARCH IN CONJUNCTION WITH THE UNIVERSITY OF KANSAS THAT WAN ARD SIMR CONDUCTS MEDICAL RESEARCH IN CONJUNCTION WITH THE UNIVERSITY OF KANSAS MEDICAL CENTER (KUMC,) PURSUANT TO A WRITTEN MEMORANDUM OF UNDERSTANDING KUMC IS THE ACAD EMIC HEALTH SCIENCE CENTER OF THE LARGEST PUBLIC RESEARCH UNIVERSITY IN THE STATE OF KANSA S KUMC OFFERS PROGRAMS AND SERVICES THAT FOCUS ON EDUCATION, RESEARCH, PATIENT CARE, AND COMMUNITY ENGAGEMENT AS OF DECEMBER 31, 2017, FIVE KUMC STUDENTS HAVE RECEIVED M S DEGRE ES AND ABOUT 40 HAVE RECEIVED PH D DEGREES FOR THESIS WORK PERFORMED IN SIMR'S LABS KUMC IS AFFILIATED WITH THE UNIVERSITY OF KANSAS CITY, KS TWENTY-TWO SIMR RESEARCH PROGRAM LE ADERS ARE ADJUNCT FACULTY IN FOUR KUMC DEPARTMENTS THESE APPOINTMENTS INCLUDE 12 FULL PRO FESSORS, SIX ASSOCIATE PROFESSORS, AND FOUR ASSISTANT PROFESSORS IN 2017, 43 OF SIMR'S 64 ORIGINAL RESEARCH PUBLICATIONS INCLUDED BOTH SIMR AND KUMC, A CANCER RESEARCH AND CARE PARTMERSH IP SPANNING TWO STATES AND INVOLVING COLLABORATION AMONG RESEARCH AND CARE PARTMERSH IP SPANNING TWO STATES AND INVOLVING COLLABORATION AMONG RESEARCH AND CARRE PATINERSH IP SPANNING TWO STATES AND INVOLVING COLLABORATION AMONG RESEARCH AREAS IN JUNE 2012, THE NIH'S NATIONAL CANCER INSTITUTE (NCI) NAMED THE UNIVERSITY OF KANSAS CANCER CENTER AT KUMC, A CANCER RESEARCH AREAS IN JUNE 2012, THE NIH'S NATIONAL CANCER CENTER PROGRAM SOR STUDYING, TREATING, AND PREV ENTING CANCER IN KUMC'S APPLICATION TO THE NCI'S PROGRAMS FOR STUDYING, TREATING, AND PREV ENTING CANCER IN KUMC'S APPLICATION TO THE NCI'S PROGRA		

Return Reference	Explanation
PART I, LINE 4	C AND EPIGENETIC CONTROLS THIS WORK IS SUPPORTED BY AN NIH GRANT FROM THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE IN 2017, SIMR RESEARCH PROGRAM LEADER MICHAEL WA SHBURN, Ph D , INITIATED A RESEARCH PROJECT IN COLLABORATION WITH ROY JENSEN, M D , DIRECT OR OF THE UNIVERSITY OF KANSAS CANCER CENTER THE OVERALL AIM OF THIS RESEARCH EFFORT IS T O DETERMINE HOW CANCER THERAPEUTICS ACT ON PROTEIN NETWORKS IN CELLS AND TISSUES DR JENS EN IS A WORLD-RENOWNED EXPERT ON BREAST CANCER AND HOLDS ADDITIONAL POSITIONS AS DIRECTOR, KANSAS MASONIC CANCER RESEARCH INSTITUTE, WILLIAM R JEWELL DISTINGUISHED KANSAS MASONIC PROPESSOR, AND PROFESSOR OF PATHOLOGY AND LABORATORY MEDICINE, ANATOMY AND CELL BIOLOGY, C ANCER BIOLOGY, AND MOLECULAR BIOSCIENCES AT KUMC THE PROJECT AIMS TO FURTHER EXPLORE THE MECHANISM OF ACTION OF SUBEROYLANILIDE HYDROXAMIC ACID (SAHA), WHICH IS USED AS CHEMOTHERA PY FOR CERTAIN LYMPHOMAS AND IS BEING EVALUATED IN CLINICAL TRIALS FOR OTHER CANCERS RECE NT REPORTS SUGGEST THAT SAHA HAS ADDITIONAL EFFECTS THAT INVOLVE PROTEIN NETWORKS MORE BRO ADLY, THUS SUGGESTING OTHER POSSIBLE MECHANISMS OF ACTION RESULTS FROM THIS JOINT RESEARC H EFFORT MAY ENABLE THE FUTURE DEVELOPMENT OF MORE SPECIFIC AND EFFECTIVE HUMAN THERAPEUTI CS THIS PROJECT IS SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF GENERA L MEDICAL SCIENCES IN 2017, SIMR RESEARCH PROGRAM LEADER LINHENG LI, PH D, COLLABORATED WITH UNIVERSITY OF KANSAS CANCER CENTER AND CHILDREN'S MERCY HOSPITAL, KANSAS CITY, MO, TO INVESTIGATE APPROACHES TO TREAT LEUKEMIA THIS RESEARCH FOCUSES ON TARGETING CANCER STEM CELLS TO HELD REDUCE THE RECURRENCE OF CANCER AFTER A PATIENT GOES INTO REMISSION THE COLLABORATION BUILDS ON FOUNDATIONAL RESEARCH FROM THE LI LAB THAT HAS CHARACTERIZED CANCER S TEM CELLS AT MOLECULAR AND CELLULAR LEVELS KUMC IS THE SPONSOR OF A RELATED CLINICAL RESE ARCH STUDY, "A PILOT STUDY OF LOW-DOSE DAUNORUBICIN IN PATIENTS WITH RELAPSED/REFRACTORY A CUTE LEUKEMIA, (ALL.), AND TO OBTAIN PRELIMINARY DATA ON THE DRUG E

Return Reference	Explanation
PART I, LINE 4	ARVARD MEDICAL SCHOOL BOSTON, MA ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI NEW YORK, NY JOHN S HOPKINS SCHOOL OF MEDICINE BALTIMORE, MD KECK SCHOOL OF MEDICINE AT USC LOS ANGELES, CA MATTEL CHILDREN'S HOSPITAL AT UCLA LOS ANGELES, CA MAYO CLINIC ROCHESTER, MN MOFFITT CANCE R CENTER TAMPA, FL. NEW YORK UNIVERSITY LANGONE MEDICAL CENTER NEW YORK, NY NEW YORK UNIVER SITY SCHOOL OF MEDICINE NEW YORK, NY NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE C HICAGO, IL OREGON HEALTH AND SCIENCE UNIVERSITY PORTLAND, OR ROSWELL PARK COMPREHENSIVE CA NCER CENTER BUFFALO, NY SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE ST LOUIS, MO ST JUDE CHI LDREN'S RESEARCH HOSPITAL MEMPHIS, TN STANFORD UNIVERSITY SCHOOL OF MEDICINE PALO ALTO, CA UNIVERSITY OF CALIFORNIA SAN DIEGO SCHOOL OF MEDICINE SAN DIEGO, CA UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE CINCINNATI, OH UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS AURORA, CO UNIVERSITY OF CONNECTICUT HEALTH CENTER FARMINGTON, CT UNIVERSITY OF KANSAS CANCER CENTER KANSAS CITY, KS UNIVERSITY OF FORTH CAROLINA SCHOOL OF MEDICINE CHAPEL HILL, NC UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OKLAHOMA CITY, OK UNIVERSITY OF PENNSYLVANIA PERELMAN SCHOOL OF MEDICINE PHILADELPHIA, PA UNIVERSITY, OF ROCHESTER MEDI CAL CENTER ROCHESTER, NY VANDERBILT UNIVERSITY OF HILL DELICAL CENTER NASHVILLE, TN VETERANS AFFAI RS CONNECTICUT HEALTH SYSTEM WEST HAVEN, CA WALTER REED NATIONAL MILITARY MEDICAL CENTER B ETHESDA, MD YALE SCHOOL OF MEDICINE NEW HAVEN, CT TO CARRY OUT THE RESEARCH DESCRIBED IN T HE FOLLOWING EXAMPLES, SIMR AND HOSPITAL, MEDICAL CENTER, OR MEDICAL SCHOOL ENTERED INTO A COOPERATION AGREEMENT PURSUANT TO WHICH THEY AGREED TO ESTABLISH, DEVELOP, ADMINISTER, AN D MAINTAIN CONTINUING CLOSE COOPERATION IN THE ACTIVE CONDUCT OF MEDICAL RESEARCH, INCLUDI NG THROUGH SPECIFIC COOPERATIVE EFFORTS IN THE AREAS OF RESEARCH, SHARING OF INFORMATION, PURSUANT OF JOINT GRANTS, INTERACTION OF STAFF, ADJUNCT/JOINT APPOINTMENTS, AND SHARING OF FACIL

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS -	THE LI LAB PERFORMED JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CEL LS WITH COLLABORATORS AT CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, DAVID GEFFEN SCHOO L OF MEDICINE AT UCLA, OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF MEDICINE, STANFORD U NIVERSITY SCHOOL OF MEDICINE, AND UNIVERSITY OF PITTSBURGH CANCER INSTITUTE INTESTINAL DI SEASES RANGING FROM CROHN'S 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 DI SEASES THIS ONGOING RESEARCH COLLABORATION, SUPPORTED IN PART BY A NIH GRANT AWARDED BY T HE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES, HAS GENERATED FINDING S THAT HAVE BEEN REPORTED IN MULTIPLE ORIGINAL RESEARCH PUBLICATIONS INCLUDING YAN KS, ET AL, 2017 JOINT MEDICAL RESEARCH ON ORIGINS OF AND TREATMENT FOR OROFACIAL CLEFTING - THE TRAINOR LAB PERFORMED JOINT MEDICAL RESEARCH ON CLEFTING OF THE MOUTH AND FACE WITH COLLAB ORATORS AT THE UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE OROFACIAL CLEFTS ARE AMO NG THE MOST COMMON TYPES OF BIRTH DEFECTS MUTATIONS IN THE PAKIJPI GENE ARE KNOWN TO CAUS E OROFACIAL CLEFTING AND PAKIJPI MUTAANT MOUSE MODELS HAVE BEEN DEVELOPED THIS PROJECT INV ESTIGATES THE MOLECULAR AND CELLULAR ETIOLOGY OF OROFACIAL CLEFTING IN THE MOUSE MODELS WH ICH MAY LEAD TO NEW APPROACHES FOR THERAPY AND GENETIC TESTING IN HUMANS THIS ONGOING RES EARCH IS SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF DENTAL AND CRANIO FACIAL RESEARCH 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 MAN Y NEURODEGENERATIVE DISEASES BUT THEIR MECHANISM OF TOXICITY IS NOT FULLY UNDERSTOOD AN I NCREASING NUMBER OF NONTOXIC, FUNCTIONAL AMYLOIDS HAVE BEEN DESCRIBED, INCLUDING PROTEINS THAT ARE IMPORTANT FOR MEURONAL GROWTH AND LONG-TERM MEMORY DETERMIN					

HARVARD UNIVERSITY, HOWARD HUGHES MEDICAL INSTITUTE, J OHNS HOPKINS UNIVERSITY, LOYOLA UNIVERSITY CHICAGO, MASSACHUSETTS INSTITUTE OF TECHNOLOGY, MICHIGAN STATE UNIVERSITY,

NATIONAL CANCER INSTITUTE, NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES,

Return Reference	Explanation
JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS -	NEW YORK UNIVERSITY, NORTHWESTERN UNIVERSITY, PURDUE UNIVERSITY, ROCKHURST UNIVERSITY, SC RIPPS RESEARCH INSTITUTE, UNIVERSITY OF CALIFORNIA BERKELEY, UNIVERSITY OF CALIFORNIA SAN DIEGO, UNIVERSITY OF CONNECTICUT, UNIVERSITY OF KENTUCKY, UNIVERSITY OF LOUISVILLE, UNIVER SITY OF PENNSYLVANIA, UNIVERSITY OF RHODE ISLAND, UNIVERSITY OF UTAH, UNIVERSITY OF WASHIN GTON, UNIVERSITY OF WISCONSIN-MADISON, VANDERBILT UNIVERSITY, AND YALE UNIVERSITY OF WASHIN GTON, UNIVERSITY OF WISCONSIN-MADISON, VANDERBILT UNIVERSITY, AND YALE UNIVERSITY OF WASHIN GOLLABORATED WITH THE FOLLOWING INTERNATIONAL HOSPITALS, MEDICAL CENTERS, AND MEDICAL SCHOOL S IN 2017 CHANGCHUN UNIVERSITY OF CHINESE MEDICINE, CHINA, HAMAMATSU UNIVERSITY SCHOOL OF MEDICINE, JAPAN, HOSPITAL OF STOMATOLOGY AT SUN YAT-SEN UNIVERSITY, GUANGDONG, CHINA, KOC HI MEDICAL SCHOOL, JAPAN, PEOPLE'S HOSPITAL OF NINGXIA HUI AUTONOMOUS REGION, YINCHUAN, CH INA, SHANDONG PROVINCIAL HOSPITAL, CHINA, TOKYO MEDICAL AND DENTAL UNIVERSITY, JAPAN, WENZ HOU MEDICAL UNIVERSITY, ZHEJIANG, CHINA, AND XUZHOU MEDICAL UNIVERSITY, JIANGSU, CHINA OT HER INTERNATIONAL COLLABORATORS INCLUDED BARCELONA INSTITUTE OF SCIENCE AND TECHNOLOGY, SP AIN, CHINESE ACADEMY OF AGRICULTURAL SCIENCES, SHENZHEN, CHINA, DANKOOK UNIVERSITY, CHUNGN AM, SOUTH KOREA, FRANCIS CRICK INSTITUTE AT CLARE HALL LABORATORIES, SOUTH MIMMS, UK, HELM HOLTZ CENTER, MUNICH, GERMANY, IMPERIAL COLLEGE, LONDON, UK, INSTITUCIO CATALANA DE RECERC A I ESTUDIS AVANCATS, BARCELONA, SPAIN, INSTITUTE FOR STEM CELL BIOLOGY AND REGENERATIVE M EDICINE, BANGALORE, INDIA, INSTITUTE OF MOLECULAR GENETICS OF THE CZECH ACADEMY OF SCIENCE S, VESTEC, CZECH REPUBLIC, JILIN UNIVERSITY, CHANGCHUN, CHINA, JINAN UNIVERSITY, GUANGDONG, CHINA, KOREA ADVANCED INSTITUTE OF SCIENCE AND TECHNOLOGY, DAEJEON, SOUTH KOREA, KUNMING UNIVERSITY OF SCIENCE AND TECHNOLOGY, YUNNAN, CHINA, KYOTO UNIVERSITY, JAPAN, LAVAL UNVER SITY, QUEBEC, CANADA, MANIPAL UNIVERSITY, INDIA, OSAKA UNIVERSITY, JAPAN, POLYTECHNIC UNIVERSITY OF MARCHE, ANCONA, ITALY, QUINGDAO AGRICU

990 Schedule A. Supplemental Information

TOKYO, JAPAN

SPAIN, UNIVERSITE DE STRASBOURG, ILLKIRCH-STR ASBOURG, FRANCE, UNIVERSITY OF FERRARA, ITALY, UNIVERSITY OF HELSINKI, FINLAND, UNIVERSITY OF HYOGO, JAPAN, UNIVERSITY OF LAUSANNE, SWITZERLAND, UNIVERSITY OF LEUVEN, BELGIUM, UNIV ERSITY OF MACAU, CHINA, UNIVERSITY OF

MODENA AND REGGIO EMILIA, ITALY, UNIVERSITY OF OXFOR D, UK, AND UNIVERSITY OF TOKYO, JAPAN OF

Schedule A (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## **Supplemental Financial Statements**

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

DLN: 93493222002278 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

 ${f d}$  Equipment .

Sche	edule D (Form 990) 2017										Page <b>2</b>
Pai	t IIII Organizations Maint	aining Collections o	f Art, H	istoric	al Trea	sures,	or Other	Similar As	ssets (	continue	<i>f)</i>
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)										
а	Public exhibition			d	☐ Loa	an or exc	hange prog	ırams			
b	Scholarly research			e	☐ Oth	ner					
С	Preservation for future ger	nerations									
4	Provide a description of the orga Part XIII	nızatıon's collections and	explain h	now they	/ further 1	he orgar:	nization's ex	kempt purpo	se in		
5	During the year, did the organize assets to be sold to raise funds r							ular	□ Ye	es 🗆	No
Pa	rt IV Escrow and Custodia Complete if the organi X, line 21.		" on Forr	n 990,	Part IV,	line 9,	or reporte	ed an amou	ınt on I	Form 99	0, Part
1a	Is the organization an agent, tru included on Form 990, Part X?	stee, custodian or other	ıntermedi	ary for d	contributi	ons or ot	her assets	not	□ Ye	es 🗌	No
b	If "Yes," explain the arrangemen	at in Bart VIII and comple	to the fol	lowna +	able			^	mount		
C	Beginning balance	it ili Fait XIII aliu comple	ete tile ioi	lowing t	able		1c		mount		
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an a	amount on Form 990 Par	t X line 7	)1 for e	scrow or	custodial	account lia	ability?			
	-	·	•	•				·	∐ Ye	_	No ¬
b	- roo, emplantano arrangemen									<u> L</u>	
Pa	art V Endowment Funds.	<del></del>									
1-	Beginning of year balance	(a)Curren	626,653	<b>(b)</b> Pri	or year 39,191	+	years back	(d)Three yea	ars back	(e)⊦our y	ears back
	Contributions	• •	100,000		661,216		100,000				
	Net investment earnings, gains, a	nd losses	100,000		001,210	1	100,000				
	Grants or scholarships	ilu losses							$\overline{}$		
	Other expenditures for facilities and programs		176,413		73,754		60,809				
f	Administrative expenses										
g	End of year balance		550,240		626,653	3	39,191				
2	Provide the estimated percentage	e of the current year end	l balance	(line 1a.	. column	(a)) held	as	I			
а	Board designated or quasi-endov	•		(		(,,,					
b	Permanent endowment ►										
c	Temporarily restricted endowmer	nt ▶ 100 000 %									
·	The percentages on lines 2a, 2b,		0%								
3а		·		on that	are held	and admi	ınıstered fo	r the		Ye	s No
	(i) unrelated organizations .								3	a(i)	No
	(ii) related organizations If "Yes" on 3a(II), are the related	-	•			• • •				a(ii) 3b	No
4	Describe in Part XIII the intender		n's endow	ment fu	ınds						
Pa	rt VI Land, Buildings, and Complete if the organi		" on For	m 000	Dart IV	line 11	a Soo Fo:	m 000 Pa	v+ ∨ 1	20.10	
		(a) Cost or other basis			part IV, pasis (other		ccumulated o		•	<u>1e IO.</u> ( <b>d)</b> Book v	alue
		(investment)			,				,		
12	Land				3,400,00	00					3,400,000
	Buildings				228,010,7			103,059,663			124,951,085
	Leasehold improvements							. , -			. , -

94,095,823

1,906,520

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

15,944,931

1,906,520

146,202,536

78,150,892

Part VII	Investments—Other Securities. Complete if the org	janızat	ion ansv	vered "Yes" on Fo	illi 330, rait IV, illic	TID.
	See Form 990, Part X, line 12.  (a) Description of security or category	,	(b)		Method of valuation	
	(including name of security)		Book value		end-of-year market val	ue
(1) Financia	l derivatives		value			
(2) Closely-l (3)Other	held equity interests	•				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(G) (H)						
						_
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related.	<b>•</b>				
	Complete if the organization answered 'Yes' on Form  (a) Description of investment		art IV, lı ook value		990, Part X, line 13. Method of valuation	
	(a) Description of investment	(6) 50	ok value		end-of-year market val	ue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(6)						
(6) (7) (8)						
(6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13 )					
(6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered 'Yes'	on For	n 990, Pa	ort IV, line 11d See	Form 990, Part X, line 1	
(6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description ( REC FROM AFFILIATE	on Forr	n 990, Pa	ort IV, line 11d See		k value 95,248,919
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	n 990, Pa	rt IV, line 11d See		k value
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R (3)	Other Assets. Complete if the organization answered 'Yes' (a) Description ( REC FROM AFFILIATE	on Form	n 990, Pa	ort IV, line 11d See		k value 95,248,919
(6) (7) (8) (9)  Total. (Column Part IX  (1) ANNUITY (2) OTHER R (3) (4)	Other Assets. Complete if the organization answered 'Yes' (a) Description ( REC FROM AFFILIATE	on Form	n 990, Pa	ort IV, line 11d See		k value 95,248,919
(6) (7) (8) (9)  Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' (a) Description ( REC FROM AFFILIATE	on Form	n 990, Pa	ort IV, line 11d See		k value 95,248,919
(6) (7) (8) (9)  Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' (a) Description ( REC FROM AFFILIATE	on Form	n 990, Pa	ort IV, line 11d See		k value 95,248,919
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' (a) Description ( REC FROM AFFILIATE	on Form	m 990, Pa	rt IV, line 11d See		k value 95,248,919
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes' (a) Description ( REC FROM AFFILIATE	on Form	n 990, Pa	ort IV, line 11d See		k value 95,248,919
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes' (a) Description (REC FROM AFFILIATE RECEIVABLES	on Form	m 990, Pa	ort IV, line 11d See		95,248,919 27,300
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (REC FROM AFFILIATE RECEIVABLES  mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Yes'				(b) Bool	k value 95,248,919
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (REC FROM AFFILIATE RECEIVABLES  mn (b) must equal Form 990, Part X, col (B) line 15 )		es' on Fo		(b) Bool	95,248,919 27,300
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9) Total. (Column R (1) Federal I	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (REC FROM AFFILIATE RECEIVABLES  mn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes		es' on Fo	ook value	(b) Bool	95,248,919 27,300
(6) (7) (8) (9) Total. (Column Part IX  (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal I ADVANCES F	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (REC FROM AFFILIATE RECEIVABLES  The proof of the proof of the organization answers of the complete in the organization answers of the proof of the proof of the organization answers of the organization answers of the organization organization organization organization organization organization organization or		es' on Fo	ook value  0 6,062,374	(b) Bool	95,248,919 27,300
(6) (7) (8) (9) Total. (Column Part IX (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal I ADVANCES F ANNUITY PA	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (REC FROM AFFILIATE RECEIVABLES  The proof of the proof of the organization answers of the complete in the organization answers of the proof of the proof of the organization answers of the organization answers of the organization organization organization organization organization organization organization or		es' on Fo	ook value	(b) Bool	95,248,919 27,300
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(6) (7) (8) (9) Total. (Column Part IX  (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9) Total. (Column R (1) Federal II ADVANCES F ANNUITY PAI (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (REC FROM AFFILIATE RECEIVABLES  The proof of the proof of the organization answers of the complete in the organization answers of the proof of the proof of the organization answers of the organization answers of the organization organization organization organization organization organization organization or		es' on Fo	ook value  0 6,062,374	(b) Bool	95,248,919 27,300
(6) (7) (8) (9) Total. (Column Part IX  (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9) Total. (Column R (1) Federal II ADVANCES F ANNUITY PAI (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (REC FROM AFFILIATE RECEIVABLES  The proof of the proof of the organization answers of the complete in the organization answers of the proof of the proof of the organization answers of the organization answers of the organization organization organization organization organization organization organization or		es' on Fo	ook value  0 6,062,374	(b) Bool	95,248,919 27,300
(6) (7) (8) (9)  Total. (Column Part IX  (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal I ADVANCES F ANNUITY PA (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (REC FROM AFFILIATE RECEIVABLES  The proof of the proof of the organization answers of the complete in the organization answers of the proof of the proof of the organization answers of the organization answers of the organization organization organization organization organization organization organization or		es' on Fo	ook value  0 6,062,374	(b) Bool	95,248,919 27,300
(6) (7) (8) (9)  Total. (Column Part IX  (1) ANNUITY (2) OTHER R (3) (4) (5) (6) (7) (8) (9)  Total. (Column R (1) Federal II ADVANCES F ANNUITY PAR (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (REC FROM AFFILIATE RECEIVABLES  The proof of the proof of the organization answers of the complete in the organization answers of the proof of the proof of the organization answers of the organization answers of the organization organization organization organization organization organization organization or		es' on Fo	ook value  0 6,062,374	(b) Bool	95,248,919 27,300

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		<b>2</b> c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	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				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
С					4c	
5		Ic. (This must equal Form 990, Part I, line 18	) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro <sup>,</sup> XI,	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any a	IV, lines 1b and 2b, Part dditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	planation		
See A	Addıtıonal Data Table					

Page <b>5</b>		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

### **Additional Data**

Software ID: Software Version:

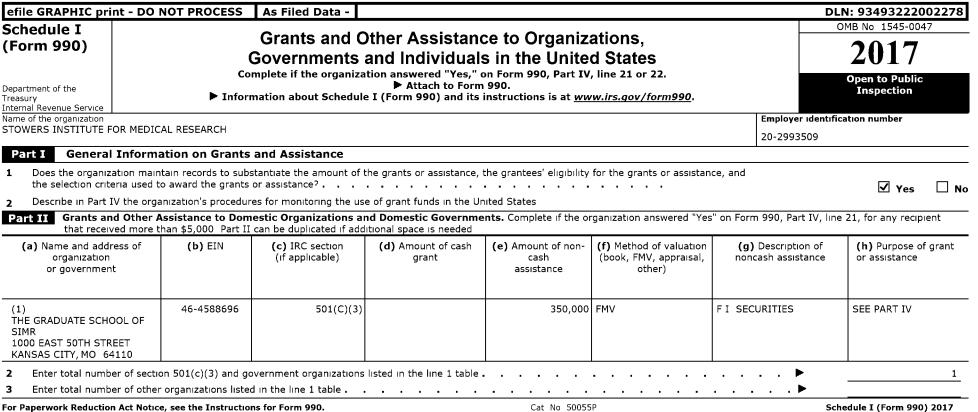
**EIN:** 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FIN 48 FINANCIAL STATEMENT FOOTNOTE FROM THE CONSOLIDATED STATEMENTS OF STOWERS INSTITUTE FOR MEDICAL RESEARCH (THE INSTITUTE) IS AS FOLLOWS. THE INSTITUTE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 5

0% LIKELY OF BEING REALIZED



Page **2** 

Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

(3) (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.

RESEARCH BASED PH D DEGREE IN BIOLOGY AND OTHER INSTRUCTION PROGRAMS

Explanation Return Reference SIMR CONTRIBUTES ANNUAL FUNDING TO FINANCE THE GRADUATE SCHOOL OF THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("GSSIMR") GSSIMR'S EXEMPT PART II, LINE 1

PURPOSE IS TO PROVIDE GRADUATE EDUCATION THAT WILL PREPARE SCHOLARS FOR SCIENTIFIC RESEARCH IN THE BIOLOGICAL SCIENCES GSSIMR OFFERS A

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9322	22002	278		
Sch	edule J	Coi	mpensati	ion Information	OM	IB No	1545-0	0047		
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					2017			
•							Open to Public			
	al Revenue Service ne of the organiza	ation	<u>www.irs.</u>	gov/form990.	Employer identificat		ectio			
		DR MEDICAL RESEARCH				1011 111	iiiibci			
Pa	rt I Questi	ons Regarding Compensati	on		20-2993509					
	Questi	ons regarding compensati	011				Yes	No		
1a				the following to or for a person liste y relevant information regarding the						
	First-class	or charter travel		Housing allowance or residence for	personal use					
		companions	님	Payments for business use of perso						
		nification and gross-up payments	님	Health or social club dues or initiation						
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	reur, cher)					
b		xes in line 1a are checked, did the ill of the expenses described abov		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	1b	Yes			
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1?	2	Yes			
	directors, truste	es, officers, including the CEO/Ext	ecutive Director	, regarding the items thetked in line	: Iar					
3				d to establish the compensation of the	ne					
		EO/Executive Director Check all t d organization to establish compe		CEO/Executive Director, but explain i	n Part III					
	✓ Compens		<b>✓</b>	Works a second second second second						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study						
		of other organizations	<b>₩</b>	Approval by the board or compensa	tion committee					
4	During the year	, did any person listed on Form 99	90, Part VII, Se	ction A, line 1a, with respect to the f						
	related organiza	ition								
a		ance payment or change-of-contro				4a 4b		No		
b	•	r receive payment from, a supplemental nonqualified retirement plan?						No		
С			nequity-based compensation arrangement? In and provide the applicable amounts for each item in Part III					No		
	,,,,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) o	organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any						
а	The organization	٦٦				5a		No		
b	Any related orga					5b		No		
	-	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did i	the organization pay or accrue any						
а	The organization					<b>6</b> a		No		
b	Any related orga					6b		No		
-	•	6a or 6b, describe in Part III	A lune 4 = 1.1.	<u> </u>	ı.					
7	payments not d	escribed in lines 5 and 67 If "Yes,"	' describe in Pa		a	7		No		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No		
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9				
For I	Danarwark Badı	iction Act Notice, see the Instr	uctions for Fo	arm 990 Cat No 5	50053T Schedule 1	/Earn	0001	2017		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

	compensation		deferred	Bellettes	(0)(1)(0)	compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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	'				1 '	1	1
	'				1	· ·	1

		1	Schedule J (Fo	orm 990) 2017

Schedule 3 (10111 990) 2017	Page 3						
Part III Supplemental Inform	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) 2017

Schedule 1 (Form 990) 2017

COMPENSATION

# **Additional Data** 1DAVID A WELTE DIRECTOR/SECRETARY 1RODERICK L STURGEON DIRECTOR/CFO

2WILLIAM B NEAVES

DIRECTOR/PRESIDENT **EMERITUS** 3DAVID M CHAO

4ROBERT E KRUMLAUF

DIRECTOR/SCIENTIFIC

5RONALD C CONAWAY

6JOAN W CONAWAY

7JERRY L WORKMAN

8R SCOTT HAWLEY

9RICHARD W BROWN

DIRECTOR/CHAIR

10BRENT KREIDER CHIEF OPERATING OFFICER

11LINHENG LI

**INVESTIGATOR** 

DIRECTOR

INVESTIGATOR

INVESTIGATOR

INVESTIGATOR

**INVESTIGATOR** 

DIRECTOR/PRESIDENT/CEO

		EIN:	20-2993509
		Name:	STOWERS INS
000 Gabad la T	- I TT - 0555 D'		
Form 990, Schedule J, F	art II - Officers, Dir	ectors, Trustees, Ke	ey Employees
(A) Name and Title	( <b>B</b> ) Breakdown	of W-2 and/or 1099-MIS	C compensation
	(i) Base Compensation	(ii)	(iii)

(1)

(ı)

(1)

(1)

(1)

(ı)

(1)

(1)

(ı)

(1)

, Key Employees, and Highest Compensated Employees

Name:	STOWERS INSTITUTE FOR MEDICAL RESEARCH

1,242,446

1,449,71

261,577

1,527,244

528,180

291,913

288,925

349,111

345,516

2,282,786

573,380

256,883

Software ID: Software Version:

Bonus & incentive

compensation

(E) Total of columns

(B)(i)-(D)

1,391,849

1.615.154

327,364

1,579,229

596,603

336,919

350,769

403,246

409,179

2,369,561

603,382

298,680

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

(D) Nontaxable

benefits

24,768

19.568

16,567

942

23,732

17,780

10,071

19,599

16,786

21,746

942

942

(C) Retirement and

other deferred

compensation

40,500

40.500

39,535

40,500

40,500

40,500

40,500

40,500

40,500

40,500

38,533

Other reportable

compensation

84,135

105.375

9,685

10,543

4,191

3,564

3,564

3,564

3,564

29,489

8,256

2,322

efile GRAPHI	C print - DO NO	T PROCESS	S As Fi	led Data -					DI	_N: 93	4932	2200	02278
Schedule L (Form 990 or 990	Complete	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	OS With In nswered "Yes Sc, or Form 99 th to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or ( 0-EZ.	ines 2 40b.				<sup>4B No</sup>		
Department of the Tre Internal Revenue Serv	asurv	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>		) and its inst	ructio	ns is	at	C	)pen		ublic
Name of the org		SEARCH						•	<b>yer id</b>	entifica			
	ss Benefit Trar												
	) Name of disquali			Relationship be			$\overline{}$	(c) [	Descrip ansact	tion of		) Cori	rected?
4958 3 Enter the ar	mount of tax incurion mount of tax, if an ans to and/or I mplete if the organ orted an amount o (b) Relationship with organization	y, on line 2, all prome states and several promesses from 990, Promote several processes and several processes	bove, reimbested Per red "Yes" or lart X, line 5	coursed by the or rsons. In Form 990-EZ, 5, 6, or 22	rganization .			t IV,	line 26	\$ \$ 6, or if ' h) wed by rd or nittee?	(	ganıza i)Wrıt greem	ten:
			То	From			Yes	No	Yes	No	Yes		No
Total				•	<u> </u> ▶ \$								
	ints or Assistar					line 27							
	rested person (b		between n and the	(c) Amount		( <b>d</b> ) Type	of assı	stanc	ce	<b>(e)</b> Pu	rpose o	of assi	stance
									$\dashv$				
or Paperwork Rec	luction Act Notice s	see the Instruc	tions for Fo	rm 990 or 990-l	- <b>7</b> . Ca	at No. 500564		Sel	hodulo	l (Eorm	000 0	- 000-	EZ\ 201

	person and the organization	Canada		organi	zation's nues?
				Yes	No
(1) JULIA ZEITLINGER PhD	SEE PART V	144,617	EMPLOYEE OF SIMR		No
(2) LEANNE WIEDEMANN PhD	SEE PART V	217,118	EMPLOYEE OF SIMR		No
· · · · · · · · · · · · · · · · · · ·	1				1

Part V	Supplemental Information	

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

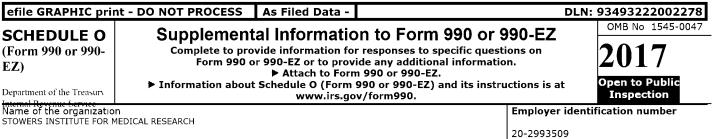
Return Reference Explanation PART IV, LINE (1) & (2) JULIA ZEITLINGER, PH D. IS THE SPOUSE OF DAVID M  $\,$  CHAO, PRESIDENT OF SIMR  $\,$  MS  $\,$  ZEITLINGER IS AN  $\,$ 

ASSOCIATE INVESTIGATOR AT SIMR MS ZEITLINGER'S PREVIOUS EMPLOYMENT BEFORE SIMR WAS WITH THE WHITEHEAD INSTITUTE FOR MEDICAL RESEARCH WHERE SHE WAS THE RECIPIENT OF A PREDOCTORAL FELLOWSHIP FROM THE HUMAN FRONTIER SCIENCE PROGRAM LEANNE WIEDMANN, PH D. IS THE SPOUSE OF ROBERT KRUMLAUF. SCIENTIFIC DIRECTOR OF SIMR MS WIEDEMANN PERFORMS

INDEPENDENT SCIENCE RESEARCH AT SIMR AND IS CONCURRENTLY A PROFESSOR AT THE UNIVERSITY OF KANSAS MEDICAL CENTER IN THE DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Schedule I (Form 990 or 990-F7) 2017

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349322	2002	2278
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		1	toricasii Contin	butions		20	1 -	7
									<b>'</b>
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Information abo	ut Schedu	lle M (Form 990) and its i	nstructions is at <u>www.ir</u> .	s.gov/form990	Open to		
	e of the organizat	ion R MEDICAL RESEARCH				Employer identi	fication n	umbe	r
51000	EKS INSTITUTE FOR	MEDICAL RESEARCH				20-2993509			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method noncash cor	(d) of determinatribution a		ts
	A				1g	-			
1	Art—Works of art Art—Historical tre								
3	Art—Fractional in					+			
4	Books and public								
	Clothing and hou								
	goods								
	Cars and other v					1			
7	Boats and planes					+			
	Intellectual prope		X	3	00 100 00	D FAIR MARKET VA			
	Securities—Public Securities—Close			3	80,100,00	UFAIR MARKET VA	LUE		
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	or trust interest								
12	Securities—Misce	ellaneous							
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14	Qualified conserve contribution—Of								
15	Real estate—Res								
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17	Real estate—Oth								
18 19	Collectibles . Food inventory								
20	Drugs and medic								
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23	Scientific specim	ens							
	Archeological art								
	Other ▶ (								
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	Other • (	· · · · · · · · · · · · · · · · · · ·	ho oraz=:=:	lation during the tax year for	contributions	+			
29		,	_	ition during the tax year for B, Part IV, Donee Acknowled		29			
	-	'		,	_			Yes	No
30a	During the year	, dıd the organizatioi	n receive b	y contribution any property r	eported in Part I, lines 1 th	rough 28, that it			
				e of the initial contribution, a		be used for exem	90a		l No
b	If "Yes," describ	e the arrangement i	n Part II						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	of any nonstandard contr	ibutions?	31	Yes	<u> </u>
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonce	ash · · · ·	32a		No_
	If "Yes," describ								
33	_		amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part								<u> </u>
For D	anerwork Peductic	on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schadi	ile M (Form	1000	/2017\



990	Schedu	le O, :	Suppl	lemental	Informa	tion

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE STOWERS INSTITUTE FOR MEDICAL RESEARCH PERFORMS MEDICAL RESEARCH IN THE PUBLIC INTERES T WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF FUNDAMENTAL PROCESSES IN LIVING CELLS AN D IMPROVING LIFE'S QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PRE VENTION OF DISEASE FORM 990, PART III, LINE 4 SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT EN D OF SCHEDULE O FORM 990, PART VI, LINE 2 VIRGINIA G STOWERS, JONATHAN THOMAS, RICHARD W BROWN, DAVID A WELTE, WILLIAM B NEAVES, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO, RODERICK L STURGEON, AND ALBERZINE FREEMAN, DI RECTORS OF SIMR, AND BRENT KREIDER, OFFICER OF SIMR, HAVE A BUSINESS RELATIONSHIP DAVID A WELTE, RICHARD W BROWN, RODERICK L STURGEON, AND ALBERZINE FREEMAN, DIRECTORS OF SIMR, AND BRENT KREIDER, OFFICER OF SIMR, HAVE A BUSINESS RELATIONSHIP PORM 990, PART VI, LINE 118 THE DATA AND INFORMATION NECESSARY TO PREPARE SIMR'S FORM 990 WAS COMPILED BY SIMR'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY OUR TAX ATTORNEY AT BRYAN CAVE, LLP PRICEWATE RHOUSECOOPERS ("PWC"), OUR EXTERNAL TAX PREPARERS, USE THIS INFORMATION TO PREPARE THE FOR M 990 THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS REVIEWED BY THE OFFICERS O F SIMR BEFORE IT IS FILED WITH THE IRS AFTER THE PREPARATION AND REVIEW PROCESS DESCRIBED ABOVE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS REVIEWED BY THE OFFICERS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY" EACH DIRECTOR, OF FICER, AND OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISI ONS OF SIMR HAS ADOPTED A "CONFLICTS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY" EACH DIRECTOR, OF FICER, AND OTHER PERSON WIJO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISI ONS OF SIMR HAS ADOPTED A CONFLICT SOF INTEREST AND DIRECTOR INDEPENDENCE FORM 990, PART VI, LINE 125 SIMR CONDUCTS PERSON MUST ALSO DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT AND ALL MATERI

Return

Reference	
FORM 990, PART III, LINE 1	OVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST 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 RELAT ED ORGANIZATIONS DISCLOSED IN SCHEDULE R THESE SERVICES ARE PERFORMED IN THEIR ROLE AS SI MR 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 COM PANY 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 IN VESTMENT POOL ARE PAID BY ITS SUPPORTING ORGANIZATION, SRM FORM 990, PART XI, LINE 9 OTH ER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING CHANGE IN ANNUITY RECEIVABLE, NET (286,138)

Explanation

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	2017 PROGRAM SERVICE ACCOMPLISHMENTS THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") I S A PRIVATE, NONPROFIT MEDICAL RESEARCH ORGANIZATION SIMR WAS FOUNDED IN 1994 BY JIM AND VIRGINIA STOWERS, WHO EACH SURVIVED A BOUT WITH CANCER AND SUBSEQUENTLY DEDICATED THEIR FO RTUNE TO SUPPORTING BASIC RESEARCH IN CELL AND MOLECULAR BIOLOGY THAT WILL PROVIDE LONG-TE RM SOLUTIONS TO HUMAN DISEASES SIMR CONDUCTS BASIC BIOMEDICAL RESEARCH IN THE PUBLIC INTE REST THAT WILL ULTIMATELY PROVIDE A GREATER UNDERSTANDING OF THE GENES AND PROTEINS THAT C ONTROL HOW CELLS IN OUR BODIES MULTIPLY, FORM TISSUES, AND DIE STUDYING THE BASIC BIOLOGY OF CELLS ENABLES SCIENTISTS TO DISCOVER HOW GENES CAUSE MANY DISEASES, INCLUDING CANCER, BIRTH DEFECTS, AND DEMENTIA HISTORY HAS SHOWN THAT BASIC MEDICAL RESEARCH IS OFTEN A KEY FIRST STEP IN THE DEVELOPMENT OF NEW TREATMENTS, CURES, AND PREVENTIONS FOR MANY HUMAN DIS EASES 2017 NOTABLE RESEARCH RESULTS IN 2017, SIMR RESEARCH TEAMS MADE DISCOVERIES MERITIN G PUBLICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS - 64 ORIGINAL RESEARCH PAPERS IN ALL SIMR RESEARCH TEAMS ALSO PRODUCED 22 OTHER PUBLICATIONS INCLUDING REVIEWS, COMMENTA RIES, BOOK CHAPTERS, AND BOOKS SOME OF THE HIGHLIGHTS AMONG PAPERS PUBLISHED IN 2017 INCLUDE THE SCHEEZ ALVAROD LAB PUBLISHED A REPORT THAT COMPREHENSIVELY CHRONICLES HOW THE PL ANARIAN FLATWORM DEVELOPS STAGE-BY-STAGE AS AN EMBRYO THE ABILITY OF PLANARIAN FLATWORMS TO REGENERATE IS UNPARALLELED AMONG OTHER ORGANISMS IF AN ADULT WORM IS CUT APART, ALMOST ANY PIECE CAN FORM A NEW, FULLY-FUNCTIONAL ANIMAL COMPLETE WITH A BRAIN AND NERVOUS SYSTE M, EYES, KIDNEYS, GUT, MUSCLE, AND SKIN WITHIN JUST TWO WEEKS PLANARIAN FLATWORMS ARE AN IDEAL ORGANISM IN WHICH TO STUDY REGENERATION, BUT THIS PHENOMENON IS STILL POORLY UNDERST OOD THE RECENT STUDY IS THE FIRST TO SHOW THAT STEM CELLS KEY TO PLANARIAN FLATWORMS ARE SHOT THE RECENT STUDY IS THE FIRST TO SHOW THAT STEM CELLS KEY TO PLANARIAN FLATWORMS SARE SENT THROUGHOUT THE WORMS LIFE, AND CAN REPLEINSH THEMSELVES AND MA

990	Schedule (	), Supplemental	Information

	<del>,</del>
Return Reference	Explanation
FORM 990, PART III, LINE 4a	HESE TWO PROTEIN NETWORKS AND THEN DETERMINED HOW THE NETWORKS WERE AFFECTED GROUPS OF PR OTEINS EXHIBITING SIMILAR EFFECTS AND SHARING SIMILAR PROPERTIES WERE IDENTIFIED AS TOPOLO GICAL NETWORK MODULES ADDITIONALLY, THIS STUDY, PUBLISHED ONLINE MARCH 8, 2017, IN SCIENT IFIC REPORTS, OFFERS AN EXPANDED VIEW OF CASCADING INTERACTIONS ACROSS THE LARGER NETWORK AND IDENTIFY NEW AREAS OF BIOLOGICAL NETWORKS TO EXPLORE BY UNDERSTANDING PROTEINS, THEIR NEIGHBORHOODS, AND THEIR TRAVELS, RESEARCHERS HOPE TO GAIN INSIGHT INTO A WIDE RANGE OF BIOLOGICAL FUNCTIONS, INCLUDING DRUG RESISTANCE AND THE EFFECT OF CANCER MUTATIONS THE ZEI TLINGER LAB PUBLISHED FINDINGS ON THE DETAILS OF HOW A PARTICULAR MOLECULE MEDIATES THE FLOW OF GENETIC INFORMATION IN THE CELL GENE EXPRESSION IS THE PROCESS OF TURNING GENES ON OFF, AND IT'S ESSENTIAL FOR CREATING SPECIFIC CELLS IN THE BODY IN THE FIRST STEP OF GENES ON OFF, AND IT'S ESSENTIAL FOR CREATING SPECIFIC CELLS IN THE BODY IN THE FIRST STEP OF GENE EXPRESSION CALLED TRANSCRIPTION, THE INFORMATION STORED IN DNA IS COPIED INTO RNA BY A MOLECULAR MACHINE KNOWN AS RNA POLYMERASE AS THEY TRAVEL DOWN THE DOUBLE HELIX, SOME TIMES FOR AS LONG AS AN HOUR AT A TIME IN A STUDY PUBLISHED ONLINE MAY 15, 2017, IN NATUR E GENETICS, RESEARCHERS STUDIED THE EFFECT THIS PAUSING HAD ON THE OVERALL PROCESS OF TRAN SCRIPTION THEY SHOWED THAT WHEN ONE POLYMERASE PAUSES, IT KEEPS OTHER POLYMERASES FROM IN ITIATING TRANSCRIPTION THEY SHOWED THAT WHEN ONE POLYMERASE PAUSES, IT KEEPS OTHER POLYMERASES FROM IN ITIATING TRANSCRIPTION THEY SHOWED THAT WHEN ONE POLYMERASE PAUSES, IT KEEPS OTHER POLYMERASES FROM IN ITIATING TRANSCRIPTION THEY BELIEVE THAT THESE POLYBERS SHOW AND A CONTROLLED AND DELIBERATE WHEN GENE EXPRESSION IS ALLOWED TO UNFOLD UNCHECKED, PROBLEMS MAY ARISE, SUCH AS THE DEV ELOPMENT OF CANCER THEREFORE, BY UNDERSTANDING THE BASIC MOERE CONTROLLED AND DELIBERATE WHEN GENE EXPRESSION AS GREATER SPREADING OF THE RELATIONSH IP BETWEEN BURSTS OF TRANSCRIPTION TO MAKE GENE EXPRESSION MORE CONTROLLE

Return Reference	Explanation
FORM 990, PART III, LINE 4a	PPROACHES FOR CERTAIN CANCERS THE ZANDERS LAB PUBLISHED FINDINGS THAT REVEALED HOW A "SEL FISH" GENE USES AN UNPRECEDENTED GENETIC SURVIVAL STRATEGY THE RESEARCHERS IDENTIFIED A G ENE FOUND IN FISSION YEAST THAT ACTS AS BOTH A POISON AND AN ANTIDOTE TO ENSURE ITS TRANSM ISSION INTO THE NEXT GENERATION, AND TO ELIMINATE ITS COMPETITION IN THEIR REPORT, PUBLIS HED ONLINE JUNE 20, 2017, IN ELIFE, THE RESEARCHERS DETAILED HOW THE PARASITIC SELFISH GEN E WTF4 DESTROYS DEVELOPING GAMETES (ANALOGOUS TO SPERM) THAT DON'T POSSESS IT THE GENE PO ISONS DEVELOPING GAMETES, BUT KEEPS THE ANTIDOTE FOR ITSELF GAMETES THAT INHERIT THE SELF ISH GENES ARE PROTECTED BECAUSE THEY HAVE THE ANTIDOTE FOR ITSELF GAMETES THAT DON'T INHERIT THE SELF ISH GENES ARE PROTECTED BECAUSE THEY HAVE THE ANTIDOTE THE GAMETES THAT DON'T INHERIT THE SELF ISH GENES ARE DESTROYED THESE RESULTS EXPAND CURRENT KNOWLEDGE ON THE NATURE OF SELF ISH GENES AND HOW THEY CAN CONTRIBUTE TO INFERTILITY THE FINDING MAY ALSO GUIDE FUTURE DI SCOVERIES OF SIMILAR SELFISH GENES IN OTHER ORGANISMS, SUCH AS CROPS OR HUMANS THE GERTON LAB PUBLISHED A STUDY THAT SHOWED HOW CANCER CELLS MAY STREAMLINE THEIR GENOMES IN ORDER TO PROLIFERATE MORE EASILY RIBOSOMAL DNA IS A GENETIC SEQUENCE THAT CODES FOR STRUCTURAL COMPONENTS OF RIBOSOMES, THE TINY FACTORIES RESPONSIBLE FOR PRODUCING THE BODY'S ESSENTIAL PROTEINS BECAUSE THESE SEQUENCES ARE REPETITIVE, THEY ARE NOTORIOUSLY DIFFICULT TO STUDY. THE STUDY, CONDUCTED IN BOTH HUMAN AND MOUSE CELLS, WAS PUBLISHED ONLINE JUNE 22, 2017, IN PLOS GENETICS THE RESEARCHERS DESCRIBE HOW RIBOSOMAL DNA WHICH MAY ALLOW THEM TO PROLIFERATE FASTER IN THE PROCESS, THE CELLS MAY BECOME MORE SENSITIVE TO DNA DAMAGE, A WEAKNESS THAT COULD POTENTIALLY BE EXPLOITED BY DNA-DAMAGING CHEMOTHERAPEUTICS. THE HAWLEY LAB BROUGHT TOGETHER TWO MICROSCOPY TECHNIQUES TO REVEAL THE THE FINE FINE SITUE TO DNA DAMAGE, A WEAKNESS THAT COULD POTENTIALLY BE EXPLOITED BY DNA-DAMAGING CHEMOTHERAPEUTICS. THE HAWLEY LAB BROUGHT TOGETHER TWO MICROSCOPY TECHNIQUES TO REV

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
THE KULESA LAB IDENTIFIED A MOLECULAR SIGNATURE OF "TRAILBLAZER" NEURAL	CREST CELLS THAT GIVES INSIGHT INTO DEVELOPMENT AND CANCER COLLECTIVE CELL MIGRATION DESC RIBES THE MOVEMENT OF A GROUP OF CELLS IN A DIRECTED AND COHESIVE MANNER, AND IT PLAYS A C RITICAL ROLE IN EMBRYONIC DEVELOPMENT, WOUND HEALING, CANCER SPREADING, AND THE IMMUNE RES PONSE IN AN ARTICLE PUBLISHED ONLINE DECEMBER 4, 2017, IN ELIFE, THE RESEARCHERS REPORTED THE FIRST COMPREHENSIVE ANALYSIS OF THE MOLECULAR TRANSITIONS AND GENE EXPRESSION SIGNATU RES OF SINGLE MIGRATING CELLS FROM THE NEURAL CREST, A CELL POPULATION CRUCIAL TO ORGAN DE VELOPMENT AND THE ANCESTRAL CELL TYPE OF TWO DEADLY FORMS OF HUMAN CANCER THE RESEARCHERS DISCOVERED A SIGNATURE OF 1300 DIFFERENTIALLY EXPRESSED GENES INDICATIVE OF AN INVASIVE S UBSET OF MIGRATING CELLS KNOWN AS "TRAILBLAZERS" THESE GENES APPEAR TO DRIVE MIGRATION AND MAY BE PART OF A BROADER MOLECULAR SIGNATURE IN OTHER BIOLOGICAL PHENOMENA INVOLVING CELL INVASION UNDERSTANDING HOW MOLECULAR DIVERSITY TRANSLATES INTO COMPLEX, COORDINATED CELL BEHAVIORS PROVIDES KNOWLEDGE THAT MAY UNCOVER NEW MOLECULAR TARGETS FOR INHIBITING NEURO BLASTOMA AND MELANOMA DISEASE PROGRESSION COMPREHENSIVE LISTS OF 2017 ORIGINAL RESEARCH P APERS, REVIEWS, COMMENTARIES, CHAPTERS, AND BOOKS ORIGINAL RESEARCH PAPERS 1 PRONOUNCED S TRAIN-SPECIFIC CHEMOSENSORY RECEPTOR GENE EXPRESSION IN THE MOUSE VOMERONASAL ORGAN DUYCK K, DUTELL V, MA L, PAULSON A, YU CR BMC GENOMICS 2017, 18 965 DOI 10 1186/512864-017-4 364-4 2 SINGLE-CELL TRANSCRIPTOME ANALYSIS OF AVIAN NEURAL CREST MIGRATION REVEALS SIGNA TURES OF INVASION AND MOLECULAR TRANSITIONS MORRISON JA, MCLENNAN R, WOLFE LA, GOGOL MM, MEIER S, MCKINNEY MC, TEDDY JM, HOLMES L, SEMERAD CL, BOX AC, LI H, HALL KE, PERERA AG, KU LESA PM ELIFE 2017,6 E28415 DOI 28410 27554/ELIFE 28415 3 RESOLVINIG IN VIVO GENE EXP RESSION DURING COLLECTIVE CELL MIGRATION USING AN INTEGRATED RNASCOPE, IMMUNOHISTOCHEMISTR Y AND TISSUE CLEARING METHOD MORRISON JA, MCKINNEY MC, KULESA PM MECH DEV 2017, 148 100-106 4 STRUCTURAL PLASTICITY OF THE LIVING KINETOCHORE DHATCHINAMOORTHY NE

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
THE KULESA LAB IDENTIFIED A MOLECULAR SIGNATURE OF "TRAILBLAZER" NEURAL	ESIS DE KUMAR B, PARKER HJ, PAULSON A, PARRISH ME, ZEITLINGER J, KRUMLAUF R DEV BIOL 20 17,432 151-164 9 DAN (NBL1) PROMOTES COLLECTIVE NEURAL CREST MIGRATION BY RESTRAINING UN CONTROLLED INVASION MCLENNAN R, BAILEY CM, SCHUMACHER LJ, TEDDY JM, MORRISON JA, KASEMEIR R-KULESA JC, WOLFE LA, GOGOL MM, BAKER RE, MAINI PK, KULESA PM J CELL BIOL 2017,216 3339 -3354 10 H19 PROMOTES CHOLESTATIC LIVER FIBROSIS BY PREVENTING ZEB1-MEDIATED INHIBITION OF EPITHELIAL CELL ADHESION MOLECULE SONG Y, LIU C, LIU X, TROTTIER J, BEAUDOIN M, ZHANG L, POPE P, PENG G, BARBIER O, ZHONG X, LI L, WANG L HEPATOLOGY 2017,66 1183-1196 11 MO DULATING WNT SIGNALING RESCUES PALATE MORPHOGENESIS IN PAX9 MUTANT MICE LI C, LAN Y, KRUM LAUF R, JIANG R J DENT RES 2017,96 1273-1281 12 THE WHHERE COACTIVATOR COMPLEX IS REQU IRED FOR RETINOIC ACID-DEPENDENT REGULATION OF EMBRYONIC SYMMETRY VILHAIS-NETO GC, FOURNI ER M, PLASSAT JL, SARDIU ME, SARAF A, GARNIER JM, MARUHASHI M, FLORENS L, WASHBURN MP, POU RQUIE O NAT COMMUN 2017,8 728 DOI 710 1036/S41467-41017-00593-41466 13 IRF6 AND SPRY 4 SIGNALING INTERACT IN PERIDERM DEVELOPMENT KOUSA YA, ROUSHANGAR R, PATEL N, WALTER A, M ARANGONI P, KRUMLAUF R, KLEIN OD, SCHUTTE BC J DENT RES 2017,96 1306-1313 14 HOXA1 AND TALE PROTEINS DISPLAY CROSS-REGULATORY INTERACTIONS AND FORM A COMBINATORIAL BINDING CODE ON HOXA1 TARGETS DE KUMAR B, PARKER HJ, PAULSON A, PARRISH ME, PUSHEL I, SINGH NP, ZHANG Y, SLAUGHTER BD, UNRUH JR, FLORENS L, ZEITLINGER J, KRUMLAUF R GENOME RES 2017,27 1501-1512 15 HIPPO REPROGRAMS THE TRANSCRIPTIONAL RESPONSE TO RAS SIGNALING PASCUAL J, JACOB S J, SANSORES-GARCIA L, NATARAJAN M, ZEITLINGER J, AERTS S, HALDER G, HAMMARATOGLU F DEV C ELL 2017,42 667-680 E4 16 THE MIR-124 FAMILY OF MICRORNAS IS CRITICAL FOR REGENERATION OF THE BRAIN AND VISUAL SYSTEM IN THE PLANARIAN SCHMIDTEA MEDITERRANEA SASIDHARAN V, MARE PALLY S, ELLIOTT SA, BAID S, LAKSHMANAN V, NAYYAR N, BANSAL D, SANCHEZ ALVARADO A, VEMULA PK, PALAKODETI D DEVELOPMENT 2017,144 3211-3223 17 DNA REPLICATION STRESS RESTRICTS IB OSOMAL

Return Reference	Explanation
THE KULESA LAB IDENTIFIED A MOLECULAR SIGNATURE OF "TRAILBLAZER" NEURAL	ONAL ORGANIZATION OF THE DROSOPHILA SYNAPTONEMAL COMPLEX CAHOON CK, YU Z, WANG Y, GUO F, UNRUH JR, SLAUGHTER BD, HAWLEY RS PROC NATL ACAD SCI U S A 2017,114 E6857-E6866 22 MOL ECULAR MODEL OF FISSION YEAST CENTROSOME ASSEMBLY DETERMINED BY SUPERRESOLUTION IMAGING B ESTUL AJ, YU Z, UNRUH JR, JASPERSEN SL J CELL BIOL 2017,216 2409-2424 23 THE HUMAN CYT OPLASMIC DYNEIN INTERACTOME REVEALS NOVEL ACTIVATORS OF MOTILITY REDWINE WB, DESANTIS ME, HOLLYER I, HTET ZM, TRAN PT, SWANSON SK, FLORENS L, WASHBURN MP, RECK-PETERSON SL ELIFE 2017,6 E28257 DOI 28210 27554/ELIFE 28257 24 MULTIPLE MODES OF LRP4 FUNCTION IN MODUL ATION OF WNT/BETA-CATENIN SIGNALING DURING TOOTH DEVELOPMENT AHN Y, SIMS C, MURRAY MJ, KU HLMANN PK, FUENTES-ANTRAS J, WEATHERBEE SD, KRUMLAUF R DEVELOPMENT 2017, 144 2824-2836 2 5 INTESTINAL ENTEROENDOCRINE LINEAGE CELLS POSSESS HOMEOSTATIC AND INJURY-INDUCIBLE STEM CELL ACTIVITY YAN KS, GEVAERT O, ZHENG GXY, ANCHANG B, PROBERT CS, LARKIN KA, DAVIES PS, CHENG ZF, KADDIS JS, HAN A, ROELF K, CALDERON RI, CYNN E, HU X, MANDLEYWALA K, WILHELMY J, GRIMES SM, CORNEY DC, BOUTET SC, TERRY JM, BELGRADER P, ZIRALDO SB, MIKKELSEN TS, WANG F, VON FURSTENBERG RJ, SMITH NR, CHANDRAKESAN P, MAY R, CHRISSY MAS, JAIN R, CARTWRIGHT CA, NILAND JC, HONG YK, CARRINGTON J, BREAULT DT, EPSTEIN J, HOUCHEN CW, LYNCH JP, MARTIN MG, PLEVRITIS SK, CURTIS C, JI HP, LI L, HENNING SJ, WONG MH, KUO CJ CELL STEM CELL 2017,21 78-90 E76 26 MYELOID LEUKEMIA FACTOR ACTS IN A CHAPERONE COMPLEX TO REGULATE TRANSCRIPTI ON FACTOR STABILITY AND GENE DYER JO, DUTTA A, GOGOL M, WEAKE VM, DIALYNAS G, WU X, SEIDE L C, ZHANG Y, FLORENS L, WASHBURN MP, ABMAYR SM, WORKMAN JL J MOL BIOL 2017,429 2093-210 7 27 RIBOSOMAL DNA COPY NUMBER LOSS AND SEQUENCE VARIATION IN CANCER XU B, LI H, PERRY JM, SINGH VP, UNRUH J, YU Z, ZAKARI M, MCDOWELL W, LI L, GERTON JE PLOS GENET 2017,13 E1 006771 DOI 10 13711/JOURNAL PGEN 1006771 26 CONDENSIN II IS ANCHORED BY TFILIC AND HASK4M E3 IN THE MAMMALIAN GENOME AND SUPPORTS EXPRESSION OF ACTIVE DENSE GENE CLUSTERS KC Y, BD

990 Schedule O, Supplemental Information

Return Reference	Explanation
30 WTF GENES ARE PROLIFIC DUAL POISON- ANTIDOTE MEIOTIC DRIVERS	NUCKOLLS NL, BRAVO NUNEZ MA, EICKBUSH MT, YOUNG JM, LANGE JJ, YU JS, SMITH GR, JASPERSEN S L, MALIK HS, ZANDERS SE ELIFE 2017,6 E26033 DOI 26010 27554/ELIFE 26033 31 DYNAMIC REGULATION OF NANOG AND STEM CELL-SIGNALING PATHWAYS BY HOXA1 DURING EARLY NEURO-ECTODERMAL DIFFERENTIATION OF ES CELLS DE KUMAR B, PARKER HJ, PARRISH ME, LANGE JJ, SLAUGHTER BD, U NRUH JR, PAULSON A, KRUMLAUF R PROC NATL ACAD SCI U S A 2017, 114 5638-5845 32 REGULATE D INTRON REMOVAL INTEGRATES MOTIVATIONAL STATE AND EXPERIENCE GILL J, PARK Y, MCGINNIS JP, PEREZ-SANCHEZ C, BLANCHETTE M, SI K, CELL 2017, 169 836-848 E815 33 FGF SIGNALING REFI NES WNT GRADIENTS TO REGULATE PATTERNING OF TASTE PAPILLAE PROCHAZKOVA M, HAKKINEN TJ, PR OCHAZKA J, SPOUTIL F, JHEON AH, AHN Y, KRUMLAUF R, JERNVALL J, KLEIN OD DEVELOPMENT 2017, 144 2212-2221 34 DIFFERENT PHOSPHOISOFORMS OF RNA POLYMERASE II ENGAGE THE RTT103 TERMI NATION FACTOR IN A STRUCTURALLY ANALOGOUS MANNER NEMEC CM, YANG F, GILMORE JM, HINTERMAIR C, HO YH, TSENG SC, HEIDEMANN M, ZHANG Y, FLORENS L, GASCH AP, EICK D, WASHBURN MP, VARAN I G, ANSARI AZ PROC NATL ACAD SCI U S A 2017, 114 E3944-E39 35 PAUSED RNA POLYMERASE II INHBITIS NEW TRANSCRIPTIONAL INITIATION SHAO W, ZEITLINGER J NAT GENET 2017, 49 1045-10 51 36 CELL-CYCLE-COUPLED OSCILLATIONS IN APICAL POLARITY AND INTERCELLULAR CONTACT MAINT AIN ONDER IN EMBRYONIC EPITHELIA RAGKOUSI K, MARR K, MCKINNEY S, ELLINGTON L, GIBSON MC CURR BIOL 2017, 27 1381-1386 37 O-LINKED N-ACETYLGLUCOSAMINE TRANSFERASE 1 REGULATES GLO BAL HISTONE H4 ACETYLATION VIA STABILIZATION OF THE NONSPECIFIC LETHAL PROTEIN NSL3 WU D, ZHAO L, FERD Z, YU C, DING J, WANG L, WANG F, LIU D, ZHU H, XING F, CONAWAY JW, CONAWAY R C, CAI Y, JIN J J BIOL CHEM 2017, 292 10014-10025 38 AUBERGINE CONTROLS GERMLINE STEM C ELL SELF-RENEWAL AND PROGENY DIFFERENTIATION VIA DISTINCT MECHANISMS MA X, ZHU X, HAN Y, STORY B, DO T, SONG X, WANG S, ZHANG Y, BLANCHETTE M, GOGOL M, HALL K, PEAK A, ANOJA P, XI E T DEV CELL 2017, 41 157-169 E5 39 COCKAYNO S SYNDROME B PROTEIN REGULATES BD. UNCH FI

Return Reference	Explanation
30 WTF GENES ARE PROLIFIC DUAL POISON- ANTIDOTE MEIOTIC DRIVERS	XO15-KBP AXIS LIMITS MITOCHONDRIAL BIOGENESIS IN MOUSE EMBRYONIC STEM CELLS DONATO V, BON ORA M, SIMONESCHI D, SARTINI D, KUDO Y, SARAF A, FLORENS L, WASHBURN MP, STADTFELD M, PINT ON P, PAGANO M NAT CELL BIOL 2017, 19 341-351 44 IDENTIFICATION OF TOPOLOGICAL NETWORK MODULES IN PERTURBED PROTEIN INTERACTION NETWORKS SARDIU ME, GILMORE JM, GROPPE B, FLOREN S L, WASHBURN MP SCI REP 2017, 7 43845 DOI 10 1038/SREP43845 45 HANDS-ON CLASSROOM AC TIVITIES FOR EXPLORING REGENERATION AND STEM CELL BIOLOGY WITH PLANARIANS ACCORSI A, ROSS E, TU KC, WILLIAMS M, ROBB SM, ELLIOTT SA, SANCHEZ ALVARADO A AM BIOL TEACHER 2017,79 2 08-223 46 CYTOSOLIC PROTEOSTASIS THROUGH IMPORTING OF MISFOLDED PROTEINS INTO MITOCHONDR IA RUAN L, ZHOU C, JIN E, KUCHARAYY A, ZHANG Y, WEN Z, FLORENS L, LI R NATURE 2017,544 746 47 MEDIATOR STRUCTURE AND REARRANGEMENTS REQUIRED FOR HOLOENZYME FORMATION TSAI KL, YU X, GOPALAN S, CHAO TC, ZHANG Y, FLORENS L, WASHBURN MP, MURAKAMI K, CONAWAY RC, CO NAWAY JW, ASTURIAS J'I NATURE 2017,544 196-201 48 COMPOSITION AND FUNCTION OF MUTANTS WI/SNF COMPLEXES DUTTA A, SARDIU M, GOGOL M, GILMORE J, ZHANG D, FLORENS L, ABMAYR SM, WAS HBURN MP, NORKMAN JL CELL REP 2017,18 2124-2134 49 TRIO-BASED EXOME SEQUENCING ARRESTS DE NOVO MUTATIONS IN EARLY-ONSET HIGH MYOPIA JIN ZB, WU J, HUANG XF, FENG CY, CAI XB, MA O JY, XIANG L, WU KC, XIAO X, KLOSS BA, LIZ, LIU Z, HUANG S, SHEN M, CHENG FF, CHENG XW, ZHENG ZL, CHEN X, ZHUANG Q, YOUNG TL, XIE T, LU F, QU J PROC NATL ACAD SCI U SA 2017,114 4219-4224 50 CHROMATIN REMODELER FUN30FFT3 INDUCES NUCLEOSOME DISASSEMBLY TO FACILITATE RNA POLYMERASE II ELONGATION LEE J, SHIK CHOI E, DAVID SEO H, KANG K, GILMORE JM, FLORENS L, WASHBURN MP, CHOE J, WORKMAN JL, LEE J, NATL COMMUN 2017,8 14527 DOI 1451 011038/NCOMMS14527 51 ROH10 LOSS-OF-FUNCTION AND PERTURBED RETINOID SIGNALING UNDERLIES THE ETIOLOGY OF CHOANAL ATRESIA KUROSAKA H, WANG Q, SANDELL L, YAMASHIRO T, TRAINOR PA HUM MOL GENET 2017,26 1268-1279 52 NOT ALL H3K4 METHYLATIONS ARE CREATED EQUAL MILL/2/CO MPASS DEPENDENCY IN PRIM

Return Reference	Explanation
30 WTF GENES ARE PROLIFIC DUAL POISON- ANTIDOTE MEIOTIC DRIVERS	IGNALING KOZLOVSKAJA-GUMBRIENE A, YI R, ALEXANDER R, AMAN A, JISKRA R, NAGELBERG D, KNAUT H, MCCLAIN M, PIOTROWSKIT 2017,6 E21049 DOI 21010 27554/ELIFE 21049 57 THERAPEUTIC TARGETING OF MLL DEGRADATION PATHWAYS IN MUL-REARRANGED LEUKEMIA LIANG K, VOLK AG, HAUG JS, MARSHALL SA, WOODFIN AR, BARTOM ET, GILMORE JM, FLORENS L, WASHBURN MP, SULLIVAN KD, E SPINOSA JM, CANNOVA J, ZHANG J, SMITH ER, CRISPINO JD, SHILATIFARD A CELL 2017, 168 59-72 E13 58 FOXC2CREERT KNOCK-IN MICE MARK STAGE-SPECIFIC FOXC2-EXPRESSING CELLS DURING MOU SE ORGANOGENESIS AMIN MB, MIURA N, UDDIN MK, ISLAM MJ, YOSHIDA N, ISEKI S, KUME T, TRAINO R PA, SAITSU H, AOTO K CONGENIT ANOM (KYOTO) 2017,57 24-31 59 EMBRYONIC ORIGIN OF ADUL T STEM CELLS REQUIRED FOR TISSUE HOMEOSTASIS AND REGENERATION DAVIES EL, LEI K, SEIDEL CW, KROESEN AE, MCKINNEY SA, GUO L, ROBB SM, ROSS EJ, GOTTING K, SANCHEZ ALVARADO A ELIFE 2017,6 E21052 DOI 21010 27554/ELIFE 21052 60 ROLE OF NHP6 AND HM01 IN SWI/SNF OCCUPANC Y AND NUCLEOSOME LANDSCAPE AT GENE REGULATORY REGIONS HEPP MI, SMOLLE M, GIDI C, AMIGO R, VALENZUELA N, ARRIAGADDA A, MAUREIRA A, GOGOD MM, TORREJON M, WORKMAN JL, GUTIERREZ JL. BI OCHIM BIOPHYS ACTA 2017, 1860 316-326 61 DROSOPHILA POISED ENHANCERS ARE GENERATED DURIN G TISSUE PATTERNING WITH THE HELP OF REPRESSION KOENECKEN, JOHNSTON J, HE Q, MEIER S, ZE ITLINGER J GENOME RES 2017, 27 64-74 62 MYO-INOSITOL REDUCES B-CATENIN ACTIVATION IN CO LITIS BRADFORD EM, THOMPSON CA, GORETSKY T, YANG G-Y, RODRIGUEZ LM, LI L, BARRETT TA WOR LD J GASTROENTEROL 2017, 23 5115-5126 63 HISTONE H3K4 MONOMETHYLATION CATALYZED BY TRR A ND MAMMALIAN COMPASS-LIKE PROTEINS AT ENHANCERS IS DISPENSABLE FOR DEVELOPMENT AND VIABILITY RICKELS R, HERZ H-M, SZE CC, CAO K, MORGAN MA, COLLINGS CK, GAUSE M, TAKAHASHI Y-H, WA NG L, RENDLEMAN EJ, MARSHALL SA, KRUEGER A, BARTOM ET, PIUNTI A, SMITH ER, ABSHIRU NA, KEL LEHER NL, DORSETT D, SHILATIFARDA A NAT GENET 2017, 49 1647-1653 64 MYOSIN CLUSTERS OF F INITE SIZE DEVELOP CONTRACTILE STRESS IN 1D RANDOM ACTIN ARRAYS RUBINSTEIN BY, MOGILNER A B

990	Sched	ule C	), Su	pplem	ental	Info	rmati	on

Return Reference	Explanation
7 LIFTING THE VEIL ON REPTILE EMBRYOLOGY THE VEILED CHAMELEON	CCHAMAELEO CALYPTRATUS) AS A MODEL SYSTEM TO STUDY REPTILIAN DEVELOPMENT DIAZ RE. JR. BE RTOCCHINI F, TRAINOR PA METHODS MOL BIOL 2017,1650 269-284 8 SEGMENTAL ARITHMETIC SUM MING UP THE HOX GENE REGULATORY NETWORK FOR HINDBRAIN DEVELOPMENT IN CHORDATES PARKER HJ, KRUMLAUF R WILEY INTERDISCIP REV DEV BIOL 2017, 6 E286 9 THE STATUS OF THE HUMAN EMBR YO IN VARIOUS RELIGIONS NEAVES W DEVELOPMENT 2017,144 2541-2543 10 NON-MODEL ORGANISM S RUSSELL JJ, THERIOT JA, SOOD P, MARSHALL WF, LANDWEBER LF, FRITZ-LAYLIN L, POLKA JK, OL IFERENKO S, GERBICH T, GLADFELTER A, UMEN J, BEZANILLA M, LANCASTER MA, HE S, GIBSON MC, G OLDSTEIN B, TANAKA EM, HU CK, BRUNET A BMC BIOLOGY 2017, 15 55 11. THE GENOMIC REVOLUTIO N AND ITS IMPLICATIONS FOR MEDICAL PRACTICE NEAVES W THE PHAROS 2017 21-27 12 LIVE IM AGING OF MEIOSIS I IN LATE-STAGE DROSOPHILA MELANOGASTER OCCYTES HUGHES SE, HAWLEY RS ME THODS MOL BIOL 2017, 1471 255-264 13 WHEN LINA1 COMES TO A FORK IN THE ROAD, IT TAKES BO TH PATHS TRANSLATIONAN ERPRESSION OR MRNA DECAY, DEPENDING ON THE TARGET SITE POSITION H AND JM, BAZZINI AA MOL CELL 2017,65 375-377 14 USING FLUORESCENT REPORTERS IN CONJUNCT ION WITH CYTOMETRY AND STATISTICS TO ASSESS NUCLEAR ACCUMULATION OF RIBOSOMAL PROTEINS KIM DH, BOX AC, LI H, GERTON JL METHODS MOL BIOL 2017,1515 217-226 15 CAVEFISH AND THE B ASIS FOR EYE LOSS KRISHNAN J, ROHNER N PHILOS TRANS R SOC LOND B BIOL SCI 2017,372 2015 0487 DOI 20150410 20151098/RSTB 20152015 20150487 16 IN VITRO ASSEMBLY OF NUCLEOSOMES FOR BINDING/REMODELING ASSAYS DUTTA A, WORKMAN JL METHODS MOL BIOL 2017,1528 1-17 17 MEIOTIC RECOMBINATION TAKING THE PATH LESS TRAVELED MILLER DE, HAWLEY RS CURR BIOL 201 7.27 R26-R28 18 REGENERATION AND REWINING OF RODENT OLFACTORY SENSORY NEURONS YU CR, WU Y EXP NEUROL 2017,287 395-408 19 REGULATION OF HEMATOPOIETIC STEM CELL DYNAMICS BY MO LECULAR NICHE SIGNALING VENKATRAMAN A, ZHAO M, PERRY J, HE XC, LI L CHAPTER IN BIOLOGY 2017,6 12 22 RARE SYNDROMES OF THE HEAD AND FACE MANDIBULOFACIAL AND A CROPACIAL DYSOSTOSES TERRAZAS K, DIXON J, TRA

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
7 LIFTING THE VEIL ON REPTILE EMBRYOLOGY THE VEILED CHAMELEON	HIP FROM THE AMERICAN SOCIETY OF HEMATOLOGY, ONE GRANT FROM THE COMPANY OF BIOLOGISTS, ONE FELLOWSHIP FROM THE AMERICAN ASSOCIATION OF ANATOMISTS, ONE FELLOWSHIP FROM THE SOCIETY OF DEVELOPMENTAL BIOLOGY, ONE GRANT FROM THE GREATER KARNAS CITY COMMUNITY FOUNDATION, TWO GRANTS FROM THE HEARING HEALTH FOUNDATION, ONE FELLOWSHIP FROM THE JANE COFFIN CHILDS MEMO RIAL FUND, TWO AWARDS FROM THE UNIVERSITY OF KANSAS ENDOWMENT ASSOCIATION, ONE GRANT FROM THE UNIVERSITY OF KANSAS ENDOWMENT ASSOCIATION, ONE GRANT FROM THE UNIVERSITY OF KANSAS AS CANCER CENTER, ONE GRANT FROM THE UNIVERSITY OF KANSA SA CANCER CENTER, AND TWO INVESTIGATOR AWARDS FROM THE HOWARD HUGHES MEDICAL INSTITUTE SU PPORT FROM NEW AND CONTINUING AWARDS TO THE SIME TOTALED MORE THAN \$4.5 MILLION IN 2017 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 2017 - ALEJANDRO SN CHEZ ALVARADO, PH D , WAS ELECTED TO THE LATIN AMERICAN ACADEMY OF SCIENCES - RANDAL HALFM ANN, PH D , WAS AWARDED A BASIL O'CONNOR STARTER SCHOLAR RESEARCH AWARD FROM THE MARCH OF DIMES FOUNDATION - TATJANA PIOTROWSKI, PH D , WAS AWARDED A FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH - TING XIE, PH D , WAS AWARDED A THREE-YEAR GRANT FROM THE NATIONAL INSTITUTE OF THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVLOPMENT OF THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVLOPMENT OF THE NATIONAL INSTITUTE OF HEALTH - SUE JASPERSEN, PH D , WAS AWARDED A FOUR-YEAR GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES OF THE NATIONAL INSTITUTES OF HEALTH - SUE JASPERSEN, PH D , WAS AWARDED A FOUR-YEAR GRANT FRO M THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVLOPMENT OF THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVLOPMENT OF THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES OF THE NATIONAL INSTITUTES OF HEALTH - SUE JASPERSEN, PH D , WAS AWARDED A FOUR-YEAR GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES O

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
7 LIFTING THE VEIL ON REPTILE EMBRYOLOGY THE VEILED CHAMELEON	ILL, LONDON, WHERE HE WAS HEAD OF THE DIVISION OF DEVELOPMENTAL NEUROBIOLOGY DR KRUMLAUF RECEIVED A PH D IN DEVELOPMENTAL BIOLOGY FROM OHIO STATE UNIVERSITY RESEARCH FOCUS ANA LYSIS OF MOLECULAR PATHWAYS THAT REGULATE HOW THE MAMMALIAN HEAD, BRAIN AND NERFOCUS SYSTEM ARE BUILT, USING A VARIETY OF VERTEBRATE MODEL SYSTEMS - PETER BAUMANN, PH D, INVESTIGA TOR AND HOWARD HUGHES MEDICAL INSTITUTE 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 BIOCHEMIST RY FROM THE IMPERIAL CANCER RESEARCH FUND AND UNIVERSITY COLLEGE, LONDON RESEARCH FOCUS FUNCTIONAL ANALYSIS OF TELOMERS AND THEIR ROLES IN CELLULAR IMMORTALITY AND CANCER - ARIE L BAZZINI, PH D, ASSISTANT INVESTIGATOR, JOINED SIMR IN 2016 FROM THE LAB OF ANTONIO J G IRALDEZ, PH D, IN THE DEPARTMENT OF GENETICS AT YALE UNIVERSITY, WHERE HE COMPLETED A POS TDOCTORAL FELLOWSHIP DR BAZZINI 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 ARGENTINA'S NATIONAL INSTITUTE OF AGRICULTURAL TECHNOLOGY (INTA) RESEARCH FOCUS THE REGULATION OF GENE EXPRESSION IN VERTEBRATES - JOAN CONAWAY, PH D, INVESTIGATOR, JOINED SIMR IN 2001 FROM THE OKLAHOMA MEDICAL RESEARCH FOUNDATION W HERE SHE WAS AN ASSOCIATE INVESTIGATOR OF THE HOWARD HUGHES MEDICAL INSTITUTE AND INTERIM HEAD OF THE PROGRAM IN MOLECULAR AND CELL BIOLOGY DR CONAWAY RECEIVED HER DOCTORATE IN C ELL BIOLOGY FROM STANFORD UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION WHERE HE WAS HOLDED FROM STANFORD UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION WHERE HE WAS HOLDE R OF THE CHAPMAN CHAIR IN MEDICAL RESEARCH DOLOGY FROM STANFORD UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION WHERE HE WAS HOLDE R OF THE CHAPMAN CHAIR IN MEDICAL RESEARCH DUNIVERSITY OF DALIFORNIA-SAN FRANCISCO DR GERTIO RECEIVED A PH D IN MICROSICS AT THE UNIV

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
-RANDAL HALFMANN, PH D , ASSISTANT INVESTIGATOR, JOINED SIMR IN	2015 FROM THE UNIVERSITY OF TEXAS (UT) SOUTHWESTERN MEDICAL CENTER HE RECEIVED A PH D IN BIOLOGY FROM THE MASSACHUSETT'S INSTITUTE OF TECHNOLOGY, WHERE HE WAS A NATIONAL SCIENCE FOUNDATION PREDOCTORAL FELLOW AFTER COMPLETING HIS GRADUATE STUDIES, DR HALFMANN OBTAINED AN INDEPENDENT POSITION AT UT SOUTHWESTERN MEDICAL CENTER WHERE HE WAS A SARA AND FRANK M CKNIGHT FELLOW AND RECEIVED A DIRECTOR'S EARLY INDEPENDENCE AWARD FROM THE NATIONAL INSTIT UTES OF HEALTH RESEARCH FOCUS CELLULAR AND EVOLUTIONARY IMPLICATIONS OF PROTEIN SELF-ASS EMBLY USING GENETIC, BIOCHEMICAL, AND CELL-BIOLOGICAL APPROACHES -R SCOTT HAWLEY, PH D, INVESTIGATOR, JOINED SIMR IN 2001 FROM THE UNIVERSITY OF CALIFORNIA-DAVIS WHERE HE WAS A PROFESSOR OF GENETICS IN THE MOLECULAR AND CELLULAR BIOLOGY SECTION DR HAWLEY EARNED A PH D IN GENETICS FROM THE UNIVERSITY OF WASHINGTON AND COMPLETED POSTDOCTORAL TRAINING AS A HELEN HAY WHITNEY FELLOW AT THE INSTITUTE FOR CANCER RESEARCH IN PHILADELPHIA RESEARCH FOCUS INVESTIGATION OF MECHANISMS THAT INFLUENCE HOW CHROMOSOMES PAIR AND SEGREGATE DURING MEIOSIS USING DROSOPHILA AS AN EXPERIMENTAL SYSTEM - SUE JASPERSEN, PH D, ASSOCIATE IN VESTIGATOR, JOINED SIMR IN 2005 FROM THE LABORATORY OF DR MARK WINNEY AT THE UNIVERSITY OF COLORADO-BOULDER WHERE SHE WAS A KECK FOUNDATION FELLOW. A HELEN HAY WHITNEY FELLOW, AND THE RECIPIENT OF A LEUKEMIA & LYMPHOMA SOCIETY CAREER DEVELOPMENT AWARD DR JASPERSEN HOL DS A PH D IN BIOCHEMISTRY FROM THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCO RESEARCH FOCUS INNER NUCLEAR MEMBRANE PROTEIN LOCALIZATION AND ROLE IN CHROMOSOME POSITIONING AND SEGRE GATION - LINHENG LI, PH D, INVESTIGATOR, JOINES DIMR IN 2000 FROM THE UNIVERSITY OF WASH INGTON MEDICAL CENTER WHERE HE HELD A FACULTY APPOINTMENT AFTER COMPLETING OF DR ED WARD ZIFF RESEARCH FOCUS INVESTIGATION OF MOLECULAR AND GENETIC PATHWAYS CONTROLLING ADULT STEM CELL DEVELOPMENT IN THE HEMATOPOLETIC AND GENETIC PATHWAYS CONTROLLING ADULT STEM CELL DEVELOPMENT IN THE HEMATOPOLETIC AND GENETIC PATHWAYS CONTROLLING ADULT STEM CELL DE

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
-RANDAL HALFMANN, PH D , ASSISTANT INVESTIGATOR, JOINED SIMR IN	ISMS AND MUTATIONS THAT UNDERLIE THE ANIMAL KINGDOM'S TREMENDOUS DIVERSITY IN MORPHOLOGY, PHYSIOLOGY, AND BEHAVIOR - ALEJANDRO SNCHEZ ALVARADO, PH D, INVESTIGATOR AND HOWARD HUGH ES MEDICAL INSTITUTE INVESTIGATOR, JOINED SIMR IN 2011 FROM THE UNIVERSITY OF UTAH'S SCHOOL OF MEDICINE, WHERE HE HELD THE H A & EDNA BENNING PROFESSORSHIP OF NEUROBIOLOGY AND ANA TOMY HE RECEIVED A B S IN MOLECULAR BIOLOGY AND CELL BIOPHYSICS FROM THE UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE, WHERE HE HELD THE H A & EDNA BERNING PROFESSORSHIP OF NEUROBIOLOGY AND ANA TOMY HE RECEIVED A B S IN MOLECULAR BIOLOGY AND CELL BIOPHYSICS FROM THE UNIVERSITY OF C INCINNATI COLLEGE OF MEDICINE IN CINCINNATI, OHIO RESEARCH FOCUS THE MOLECULAR AND CELLU LAR MECHANISMS UNDERPINNING ANIMAL REGENERATION USING THE PLANARIAN SCHMIDTEA MEDITERRANEA AS A MODEL SYSTEM - KAUSIK SI, PH D, INVESTIGATOR, JOINED SIMR IN 2005 FROM THE LABORAT ORY OF DR ERIC KANDEL AT COLUMBIA UNIVERSITY CENTER FOR NEUROBIOLOGY AND BEHAVIOR WHERE H E WAS A JANE COFFIN CHILDS FELLOW AND A FRANCIS GOELET FELLOW IN NEUROSCIENCE DR SI EARN ED A PH D IN MOLECULAR BIOLOGY FROM THE ALBERT EINSTEIN COLLEGE OF MEDICINE RESEARCH FOC US ROLE OF SYNAPTIC PROTEIN SYNTHESIS IN INFORMATION ACQUISITION AND MEMORY STORAGE - PA UL TRAINOR, PH D, INVESTIGATOR, JOINED SIMR IN 2001 FROM A RESEARCH POSITION AT THE NATIO NAL INSTITUTE FOR MEDICAL RESEARCH AT MILL HILL, LONDON, WHERE HE COMPLETED POSTDOCTORAL T RAINING DR TRAINOR HAS A PH D IN DEVELOPMENTAL BIOLOGY FROM CHILDREN'S MEDICAL RESEARCH INSTITUTE FOR MEDICAL RESEARCH AT AUSTRALIA RESEARCH FOCUS INVESTIGATION OF THE IN TERRACTIONS DET THE UNIVERSITY OF SYDNEY, AUSTRALIA RESEARCH FOCUS INVESTIGATION OF THE IN TERRACTIONS DET THE UNIVERSITY OF SYDNEY, AUSTRALIA RESEARCH FOCUS INVESTIGATION OF THE IN TERRACTIONS DET THE NOTION TO SUMMING NORMAL DEVELOPMENT A DIVERSITY OF THE NOTION OF BIOCHEMISTRY AND WAS AN ASSOCIATE INVESTIGATOR OF THE HOWARD HUGHES MEDICAL INSTITUTE DR OWORKMAN EARNED A PH D IN CELL AND MOLECULAR BIOLO GY FROM THE UNIVERS

Return Reference	Explanation
-RANDAL HALFMANN, PH D , ASSISTANT INVESTIGATOR, JOINED SIMR IN	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493222002278

Open to Public Inspection

lame of the organization TOWERS INSTITUTE FOR MEDICAL RESEARCH							Employer identification number 20-2993509						
Part I Identification of Disregarded Entities Complete	te if the organ	ızatıon answ	ered "Yes	' on Form	990, Part 1	[V, line 33		93509					
(a)  Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary ad		(c Legal domi or foreign	) cıle (state	(d)	(d)				(f) at controlling entity		
Part II Identification of Related Tax-Exempt Organiza		ete if the orga	anization	answered '	'Yes" on F	orm 990,	Part IV,	, line 34 be	ecause i	t had one or	more		
related tax-exempt organizations during the tax ye  (a)  Name, address, and EIN of related organization		<b>(b)</b> ary activity	Legal do	(c) micile (state in country)	(d Exempt Coo	) de section	Public ch	(e) Parity status Parity 501(c)(3))	Dire	(f) ect controlling entity	Section (13) col enti	ntrolle ity?	
(1)STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET	SUPPORT O	DRG		DE	501(C)(3)		12A-TYPE	I	SIMR		Yes	No	
KANSAS CITY, MO 64110 20-5916445 (2)STOWERS RESOURCE MANAGEMENTINC	SUPPORT O	DRG		DE	501(C)(3)	:	12A-TYPE	I	SIMR		Yes		
1000 EAST 50TH STREET  KANSAS CITY, MO 64110 41-2186719													
(3)BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET	SUPPORT O	ORG		DE	501(C)(3)	:	12A-TYPE	I	SIMR		Yes		
KANSAS CITY, MO 64110 74-3238244  (4)STOWERS REAL ESTATE HOLDING CORPORATION 1000 EAST 50TH STREET	TITLE HOLI	DING		DE	501(C)(2)	1	N/A		SRM		Yes		
KANSAS CITY, MO 64110 26-1472230 (5)STOWERS POLICY INSTITUTE INC	SEE PART V	\/TT		DE	501(C)(4)		N/A		SIMR		Yes		
1000 EAST 50TH STREET  KANSAS CITY, MO 64110 20-3270502	SEE TAKE	VII		DE.	301(2)(4)		1970		SIMIC		les		
(6)THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET  KANSAS CITY, MO 64110	EDUCATIO	N		MO	501(C)(3)		2		SIMR		Yes		
46-4588696											1		
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Ca	t No 5013!					Sche	dule R (Form	990) 20	017	

	1	1	,.	( )	1 10		1 .		, .	1 45			
	nt in box m	ionate Cons? am	<b>(h</b> Dispropr allocat	(g) Share of end-of-year assets	Share of total income	ninant related, ated, ed from nder s 512-	unrelate excluded tax und sections	(d) Direct controlling entity	(c) Legal domicile (state or foreign country)	<b>(b)</b> Primary activity	(a) Name, address, and EIN of related organization		
Yes No	Y	No	Yes			4)	514)						
line 34	art IV, lır	m 990,	on Fo	vered "Yes	ation answ	rganız ear.	te if the org	<b>t</b> Comple	or Trus	Corporation s a corporation	tions Taxable as a C	t IV Identification of Related Organiza because it had one or more related or	
ntage S	(h) Percenta ownersh	<b>g)</b> of end-of- ear		(f) Share of total	(e)			1					
<b>⊢</b>		sets		income	e of entity S rp, S corp, trust)	g Type (C cor	(d) rect controlling entity	Dir	(c) egal micile or foreign intry)	do (state	<b>(b)</b> Primary activity	(a) Name, address, and EIN of related organization	
,					rp, S corp, trust)	g Type (C cor	ect controlling entity	Dir	mıcıle	do (state coi		Name, address, and EIN of	
		sets		income	rp, S corp, trust)	g Type (C cor or	ect controlling entity		micile or foreign untry)	do (state coi	Primary activity	Name, address, and EIN of related organization	
		sets		income	rp, S corp, trust)	g Type (C cor or	ect controlling entity		micile or foreign untry)	do (state coi	Primary activity	Name, address, and EIN of related organization  OMED VALLEY DISCOVERIESINC  EAST 50TH STREET AS CITY, MO 64110	
		sets		income	rp, S corp, trust)	g Type (C cor or	ect controlling entity		micile or foreign untry)	do (state coi	Primary activity	Name, address, and EIN of related organization  OMED VALLEY DISCOVERIESINC  EAST 50TH STREET AS CITY, MO 64110	
		sets		income	rp, S corp, trust)	g Type (C cor or	ect controlling entity		micile or foreign untry)	do (state coi	Primary activity	Name, address, and EIN of related organization  OMED VALLEY DISCOVERIESINC  EAST 50TH STREET AS CITY, MO 64110	
		sets		income	rp, S corp, trust)	g Type (C cor or	ect controlling entity		micile or foreign untry)	do (state coi	Primary activity	Name, address, and EIN of related organization  OMED VALLEY DISCOVERIESINC  EAST 50TH STREET AS CITY, MO 64110	
		sets		income	rp, S corp, trust)	g Type (C cor or	ect controlling entity		micile or foreign untry)	do (state coi	Primary activity	Name, address, and EIN of related organization  OMED VALLEY DISCOVERIESINC  EAST 50TH STREET AS CITY, MO 64110	
		sets		income	rp, S corp, trust)	g Type (C cor or	ect controlling entity		micile or foreign untry)	do (state coi	Primary activity	Name, address, and EIN of related organization  OMED VALLEY DISCOVERIESINC  EAST 50TH STREET AS CITY, MO 64110	

Schedule R (Form 990) 2017		Pa	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> 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	-
l 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	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	-
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

Sharing of paid employees with related organization(s)					
p Reimbursement paid to related organization(s) for expenses				1p Y	es
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q Y	es
r Other transfer of cash or property to related organization(s)				1r Y	es
f 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 the See Additional Data Table	his line, including covered	relationships and tra	nsaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invo	lved

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

- See management of garileactors see and accords regarding exclusion		, countries p	a. c., c., 5,, p.s										
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 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

Return Reference	Explanation	
	BIOMED VALLEY DISCOVERIES, INC 'S ("BVD") PRIMARY ACTIVITY IS DEVELOPMENT AND MARKETING OF	
	SCIENTIFIC DISCOVERIES BIOMED VALLEY CORPORATION IS THE 100% SHAREHOLDER OF BVD	

Return Reference	Explanation
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)

P

Return Reference	Explanation
PART V, LINE 2 (2)	SIMR MADE A CONTRIBUTION TO THE GRADUATE SCHOOL OF SIMR

Return Reference	Explanation
	SRM PROVIDED FINANCIAL SUPPORT TO SIMR TO BE USED BY SIMR IN FURTHERANCE OF SIMR'S EXEMPT PURPOSE OF CONDUCTING MEDICAL RESEARCH

Return Reference	Explanation
, , ,	SIMR ENTERED INTO A LEASE EFFECTIVE JANUARY 1, 2009 WITH STOWERS REAL ESTATE HOLDING CORPORATION ("SREHC"), A 501(C)(2) TAX EXEMPT ORGANIZATION THAT IS A RELATED PARTY TO SIMR THE LEASE HAS AN
	ORIGINAL TERM OF 10 YEARS WITH A PROVISION FOR ADDITIONAL OPTION YEARS FOR A 280,000 SQUARE FEET BUILDING SIMR'S LEASE PAYMENTS TO SREHC IN 2017 TOTALED \$2,230,551

P

Return Reference	Explanation
, (- /	SIMR REIMBURSED SRM FOR COSTS ASSOCIATED WITH SRM'S ADMINISTRATIVE AND SUPPORT SERVICES PROVIDED TO SIMR SRM IS A SUPPORTING ORGANIZATION TO SIMR

Return Reference	Explanation
, (-,	SIMR REIMBURSED GRADUATE SCHOOL OF SIMR FOR COSTS ASSOCIATED WITH GRADUATE SCHOOL OF SIMR'S PAYROLL AND BENEFIT COSTS FOR GRADUATE SCHOOL OF SIMR STUDENTS IN LABS

Return Reference	Explanation	
PART V, LINE 2 (7)	SIMR REIMBURSED BVD FOR SERVICES ON THE SERVICE COST METHOD	

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

Return Reference	Explanation
, , ,	FOR EACH ACADEMIC YEAR, SIMR PROVIDES AN APPROPRIATION TO GSSIMR BASED ON A PER CAPITA FUNDING FORMULA

Return Reference	Explanation
	ALL OTHER TRANSACTIONS FOR LINE 1 WERE BETWEEN 501(C)(3) PUBLIC CHARITIES AND BELOW REPORTING THRESHOLDS

Schedule R (Form 990) 2017

# Software ID:

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

SUPPORT ORG

SUPPORT ORG

SUPPORT ORG

TITLE HOLDING

SEE PART VII

**EDUCATION** 

Primary activity

1000 EAST 50TH STREET KANSAS CITY, MO 64110

20-5916445

41-2186719

74-3238244

26-1472230

20-3270502

46-4588696

ame: STOWERS INSTITUTE FOR MEDICAL RESEARCH

(c)

Legal domicile

(state

or foreign country)

DE

DE

DE

DE

DE

МО

(d)

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

N/A

N/A

(f)

Direct controlling

entity

SIMR

ISIMR

SIMR

SRM

SIMR

SIMR

(g)

Section 512

(b)(13)

controlled

entity? Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

Na

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

Name, address, and EIN of related organization

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (a) Amount Involved (d) Name of related organization Transaction type(a-s) Method of determining amount involved 14,779 MARKET VALUE BIOMED VALLEY DISCOVERIES INC Α THE GRADUATE SCHOOL OF SIMR В 350,000 MARKET VALUE STOWERS RESOURCE MANAGEMENT INC. C 80,000,000 MARKET VALUE STOWERS REAL ESTATE HOLDING CORP. Κ 2,230,551 MARKET VALUE COST REIMB STOWERS RESOURCE MANAGEMENT INC 22,963,066 THE GRADUATE SCHOOL OF SIMR Р 1,643,847 COST REIMB COST REIMB BIOMED VALLEY DISCOVERIES INC Ρ 298,752 BIOMED VALLEY DISCOVERIES INC Q 851,700 COST REIMB THE GRADUATE SCHOOL OF SIMR 1,050,000 MARKET VALUE

SEE PART VII FOR ADDITIONAL INFORMATION