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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

KANSAS CITY AREA LIFE SCIENCES INSTITUTE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite

30 W PERSHING ROAD NO 210

City or town, state or province, country, and ZIP or foreign postal code

KANSAS CITY, MO 64108

F Name and address of principal officer

WAYNE O CARTER

30 W PERSHING ROAD NO 210

KANSAS CITY, MO 64108

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

43-1889037

E Telephone number

(816) 753-7700

G Gross receipts \$ 1,703,232

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.KCLIFESCIENCES.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE PURPOSE OF THIS ORGANIZATION IS TO PROMOTE AND FOSTER DEVELOPMENT OF LIFE SCIENCES IN THE KANSAS CITY METROPOLITAN AREA AND TO PROVIDE A PLATFORM FOR DEVELOPMENT AND COOPERATION IN THE AREA OF LIFE SCIENCES IN THE KANSAS CITY METROPOLITAN AREA

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

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)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶56,372

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II 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

\*\*\*\*\*

Signature of officer

2018-05-09

Date

WAYNE O CARTER PRESIDENT

Type or print name and title

Print/Type preparer's name

LISA BURKE

Preparer's signature

LISA BURKE

Date

Check ☐ if self-employed

PTIN P00220718

Firm's name ▶ CBIZ MHM LLC

Firm's EIN ▶ 34-1874260

Firm's address ▶ 700 WEST 47TH STREET SUITE 1100

Phone no (816) 945-5500

KANSAS CITY, MO 64112

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

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE PURPOSE OF THIS ORGANIZATION IS TO PROMOTE AND FOSTER DEVELOPMENT OF LIFE SCIENCES IN THE KANSAS CITY METROPOLITAN AREA AND TO PROVIDE A PLATFORM FOR DEVELOPMENT AND COOPERATION IN THE AREA OF LIFE SCIENCES IN THE KANSAS CITY METROPOLITAN AREA

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$ 1,435,206	including grants of \$ 616,772 )	(Revenue \$ 90,800 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ►	1,435,206		
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**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

			Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	8		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>			
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	6		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>		Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	<b>3b</b>			
<b>4a</b> 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)?	<b>4a</b>			No
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b> 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?	<b>6a</b>			No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>			
<b>e</b> Did the organization receive any funds directly or indirectly to pay premiums on a personal benefit contract?				

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

Yes	No
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<p><b>1a</b> Enter the number of voting members of the governing body at the end of the tax year</p> <p>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O</p> <p><b>b</b> Enter the number of voting members included in line 1a, above, who are independent</p>	<p><b>1a</b></p> <p><b>1b</b></p>	<p>11</p> <p>10</p>			
<p><b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</p>	<b>2</b>	Yes			
<p><b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</p>	<b>3</b>		No		
<p><b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</p>	<b>4</b>		No		
<p><b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?</p>	<b>5</b>		No		
<p><b>6</b> Did the organization have members or stockholders?</p>	<b>6</b>		No		
<p><b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</p>	<b>7a</b>		No		
<p><b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</p>	<b>7b</b>		No		
<p><b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following</p>					
<p><b>a</b> The governing body?</p>	<b>8a</b>	Yes			
<p><b>b</b> Each committee with authority to act on behalf of the governing body?</p>	<b>8b</b>	Yes			
<p><b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the</p>					

(2) DONALD CRAIG BRATER ..... DIRECTOR	0 10 .....	X						0	0	0
(3) WAYNE O CARTER ..... PRESIDENT	40 00 .....	X		X				256,994	0	36,421
(4) DAVID FRANTZE ..... DIRECTOR	0 20 .....	X						0	0	0
(5) IRVINE O HOCKADAY JR ..... DIRECTOR	0 30 .....	X						0	0	0
(6) ROBERT A KIPP ..... DIRECTOR (VICE CHAIRMAN)	0 00 .....	X		X				0	0	0
(7) STEPHEN REINTJES ..... DIRECTOR (SECRETARY AND TREASURER)	0 25 .....	X		X				0	0	0
(8) THOMAS SACK PHD ..... DIRECTOR	0 30 .....	X						0	0	0
(9) ANNE D ST PETER ..... DIRECTOR	0 30 .....	X						0	0	0
(10) STEVEN ST PETER MD ..... DIRECTOR	0 30 .....	X						0	0	0
(11) DEBORAH WILKERSON ..... DIRECTOR	0 30 .....	X						0	0	0



[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2

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

1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation.

1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation.



**Part VIII** **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,603,349		
	g	Noncash contributions included in lines 1a-1f \$ _____				
	h	Total. Add lines 1a-1f . . . . . ▶		1,603,349		
Revenue			Business Code			
	2a	LIFE SCIENCES DINNER	900099	49,100	49,100	
	b	ONE HEALTH SYMPOSIUM	900099	24,290	24,290	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐Do not include amounts reported on lines 6h 

(A)	(B)	(C)	(D)
-----	-----	-----	-----

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** 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.**1b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art.

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>1</b>	Cash—non-interest-bearing . . . . .	24,249	<b>1</b>	0
<b>2</b>	Savings and temporary cash investments . . . . .	1,975,333	<b>2</b>	1,990,906
<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>	
<b>4</b>	Accounts receivable, net . . . . .		<b>4</b>	

**Part XIII**

- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table

- c** Beginning balance  
**d** Additions during the year  
**e** Distributions during the year  
**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶  
**b** Permanent endowment ▶  
**c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,703,232
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,714,898
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-11,666
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part IX, line 32, column (A))	<b>4</b>	2,814,898

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,714,898
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,714,898
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII )	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part IX, line 18)	<b>5</b>	1,714,898

Additional Data

Software ID:  
Software Version:  
EIN: 43-1889037  
Name: KANSAS CITY AREA LIFE SCIENCES  
INSTITUTE INC

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

**Part XIII**   **Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part I**

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**Part II**

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**Part III**

Line	Amount
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**Part IV**

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**2017 (or 2016)** **2017** If the organization did not check the box on line 14, and line 15 is 0, the 2017 (or 2016) public support percentage is 0%.



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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**

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents?  
If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose.

	Yes	No

**Part IV** **Supporting Organizations** (continued)

		Yes	No
11. Has the organization accepted a gift or contribution from any of the following persons?			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> 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			
<b>6</b> 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 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**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



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		2,211													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		2,211													
<b>d</b> Other exempt purpose expenditures		1,435,206													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		1,437,417													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		218,742													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		54,686													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	181,272	231,410	178,496	218,742	809,920
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,214,880
<b>c</b> Total lobbying expenditures	1,716	1,707	2,594	2,211	8,228
<b>d</b> Grassroots nontaxable amount	45,318	57,853	44,624	54,686	202,481
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					303,722
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-C Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section**





Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		52,126	40,751	11,375
e Other		75,789	74,896	893
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				12,268

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶		

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

1

4,700,000

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-1889037  
**Name:** KANSAS CITY AREA LIFE SCIENCES  
INSTITUTE INC

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	KANSAS CITY AREA LIFE SCIENCES INSTITUTE, INC HAS BEEN GRANTED AN EXEMPTION FROM INCOME TAXES BY THE INTERNAL REVENUE SERVICE UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THERE WAS NO UNRELATED BUSINESS INCOME DURING 2017 OR 2016 THE INSTITUTE HAS EVALUATED THE STANDARDS REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS UNDER FASB ASC 740, INCOME TAXES, AND DETERMINED THAT THERE ARE NO MATERIAL MATTERS WHICH REQUIRE DISCLOSURE

**Schedule I**  
**(Form 990)**

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

OMB No 1545-0047

**2017**

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

**SCHEDULE A**

Public Charity Status and Public Support

OMB No 1545-0047

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(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.

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE FOR A ONE YEAR DURATION GRANT RECIPIENTS AGREE TO PROVIDE A PROGRESS REPORT AT SIX MONTHS AND A SUMMARY TECHNICAL PROGRESS REPORT WITHIN 30 DAYS OF THE END OF THE PERFORMANCE TO INCLUDE 1 A BRIEF SUMMARY OF TECHNICAL PROGRESS RELATIVE TO THE GOALS AND OBJECTIVES PROPOSED IN THE PROPOSAL 2 A BRIEF STATEMENT CONCERNING THE EFFECTIVENESS AND BENEFITS REALIZED FROM THE COLLABORATIONS INVOLVED GRANT RECIPIENTS AGREE TO PROVIDE (UPON REQUEST) A COPY OF ALL PROPOSALS SUBMITTED TO EXTERNAL FUNDING AGENCIES AS A RESULT OF



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-1889037  
**Name:** KANSAS CITY AREA LIFE SCIENCES  
INSTITUTE INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(m) Name of school and district	(n) FTN	(o) IDG	(p) Amount - Green	(q) Amount - Green	(r) Method - Contribution	(s) Date	(t) D
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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATE UNIVERSITY 102 ANDERSON HALL MANHATTAN, KS 66506	48-0771751	170(B)(1)(A)(II)	99,964				KCALSI 17-12 NEXUS GRANT RICHARD TODD, KCALSI 17-13 NEXUS GRANT MAJID JABERI-DOURAKI, PHD
KANSAS CITY UNIVERSITY 1750 INDEPENDENCE AVE KASNAS CITY, MO 64106	44-0545280	501(C)(3)	48,888				KCALSI 17-8 COLLABORATE2CURE AWARD BAKI AGBAS

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public Inspection

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

Name of the organization  
KANSAS CITY AREA LIFE SCIENCES  
INSTITUTE INC

Employer identification number  
43-1889037

Part I

Questions Regarding Compensation

1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organization</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approved by the board or compensation committee</div></div>			

**Part VII** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies. Additional copies are needed.

**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
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493130038668
<b>SCHEDULE O</b> (Form 990 or 990-EZ)  <div>Department of the Treasury <del>Internal Revenue Service</del> Name of the organization KANSAS CITY AREA LIFE SCIENCES INSTITUTE INC</div>	<b>Supplemental Information to Form 990 or 990-EZ</b>  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  ▶ Attach to Form 990 or 990-EZ.  ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2017</b> <b>Open to Public Inspection</b>
		<b>Employer identification number</b>  43-1889037	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>2017 ACCOMPLISHMENTS 1 REGIONAL LIFE SCIENCES STRATEGIC ASSESSMENT-"PATH TO 2025" THE KANSAS CITY AREA LIFE SCIENCES INSTITUTE (KCALSI) ENGAGED DELOITTE TO EXECUTE A STRATEGIC ASSESSMENT OF THE REGIONAL LIFE SCIENCES IN 2015 THE PROCESS UTILIZED THE "COLLECTIVE IMPACT" MODEL FROM STANFORD UNIVERSITY AND WAS LED BY AN EXPERIENCED STEERING COMMITTEE COMPOSED OF COMMUNITY AND BUSINESS LEADERS IN THE LIFE SCIENCES THE COMMITTEE LOOKED AT BOTH DRIVERS OF CLUSTER ENHANCEMENT AND REGIONAL SCIENTIFIC STRENGTHS THE REGIONAL VISION DEVELOPED THROUGH THE ASSESSMENT PROCESS STATES, "THE KANSAS CITY REGION IS A GLOBAL LEADER AT THE NEXUS OF HUMAN AND ANIMAL HEALTH BENEFITING ALL OUR CITIZENS AND THE ECONOMY " THESE NEXUS OPPORTUNITIES WILL BE DIFFERENT FOR EACH STRATEGIC AREA AND WILL LIKELY RANGE FROM USING NATURALLY OCCURRING CANCER IN DOGS FOR ACCELERATING HUMAN DISCOVERIES TO ADVANCING OUR STRENGTH IN HEALTH IT AND OUTCOMES RESEARCH FOUR AREAS OF SCIENTIFIC STRENGTH WERE IDENTIFIED ANIMAL HEALTH, CANCER RESEARCH AND CARE, NEUROSCIENCE, AND HEALTH IT AND OUTCOMES RESEARCH ADDITIONALLY, FOUR DRIVERS OF CLUSTER ENHANCEMENT WERE IDENTIFIED COLLABORATION, WORKFORCE DEVELOPMENT, CAPITAL FORMATION, AND MESSAGING AND MARKETING TASK FORCES WERE CREATED FOR EACH CLUSTER DRIVER AND WORK GROUPS FOR EACH SCIENTIFIC AREA THE WORK OF THESE GROUPS WILL BE CRITICAL FOR THE SUCCESS OF OUR ENTIRE ECOSYSTEM AND ENABLE US TO BE MORE GLOBALLY COMPETITIVE FY2017 PROGRESS IMPLEMENTATION OF THE "PATH TO 2025" IS DESCRIBED BELOW WHILE ALL WORKING GROUPS WERE RECOGNIZING POWERFUL SYNERGIES WITHIN THE STRATEGY AND EXPLORING OPPORTUNITIES, TWO SIGNIFICANT THEMES FRAMED MOST OF OUR ACTIVITIES THROUGHOUT 2017 -THE NEXUS OF HUMAN AND ANIMAL HEALTH -OUTCOMES RESEARCH AND HEALTH IT THE NEXUS OF HUMAN AND ANIMAL HEALTH THE NEXUS OF HUMAN AND ANIMAL HEALTH IS AN OPPORTUNITY TO ADVANCE HUMAN AND ANIMAL HEALTH BY BRINGING THESE SECTORS TOGETHER AND LOOKING FOR OVERLAP AND SYNERGY EXAMPLES OF HUMAN/ANIMAL HEALTH NEXUS OPPORTUNITIES PURSUED IN 2017 INCLUDE -REGIONAL COMPARATIVE ONCOLOGY PROGRAM ONLY 11% OF CANCER DRUGS EFFECTIVE IN MICE HAVE BEEN APPROVED FOR TREATMENT IN PEOPLE MEANWHILE, VETERINARIANS HAVE USED HUMAN CHEMOTHERAPEUTICS AS OFF-LABEL CANCER TREATMENTS FOR DOGS AND CATS FOR DECADES NOTING SIMILAR EFFICACY AND SIDE</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CURE SERIES ON CANCER IMMUNOTHERAPY, A CLINICAL PARTNERSHIP WAS DEVELOPED BETWEEN CHILDREN'S MERCY AND ELIAS ANIMAL HEALTH/TVAX BIOMEDICAL TO IMPACT PEDIATRIC ONCOLOGY. BIOLOGY OF PEDIATRIC OSTEOSARCOMA (BONE CANCER) AND CANINE OSTEOSARCOMA ARE VERY SIMILAR AND GENE EXPRESSION IS VIRTUALLY IDENTICAL BETWEEN CHILDREN AND DOGS. THIS PEDIATRIC ONCOLOGY PROGRAM WILL ENHANCE THE VALUE OF THIS TRANSLATIONAL OPPORTUNITY. -THE ANIMAL HEALTH WORKING GROUP IDENTIFIED A GAP AND A TREMENDOUS OPPORTUNITY FOR THE REGION. LED BY DR. RALPH RICHARDSON, K-STATE OLA THE CEO, AND DARYL PINT, CEVA CEO, THE GROUP RECOGNIZED THAT ANIMAL HEALTH RESEARCHERS LACKED A

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IT OUTCOMES RESEARCH AND HEALTH IT PRINCIPLES CAN BE APPLIED IN ALL ASPECTS OF HEALTH AND DISEASE MANAGEMENT. EXAMPLES OF ACTIVITIES PURSUED IN 2017 INCLUDE -THE NEURODEVELOPMENT WORKING GROUP BEGAN CONSIDERING AN OUTCOMES/HEALTH IT RESEARCH APPROACH TO BETTER DEFINE AUTISM SPECTRAL DISORDERS (ASD) WITH MORE CONSISTENT DIAGNOSTICS TO STEER THE TREATMENT APPROACH THAT WORKS BEST IN CHILDREN WITH ASD. THIS IS A CLASSIC OUTCOMES RESEARCH PROBLEM WHERE VARIABLE DIAGNOSTICS AND TREATMENTS ARE CONFOUNDING OUTCOMES FOR CHILDREN WITH ASD. - THE OUTCOMES RESEARCH / HEALTH IT WORKING GROUP, LED BY DICK FLANIGAN, CERNER PRESIDENT, AND DR. JOHN SPERTUS, SAINT LUKE'S HEALTH SYSTEM, UMKC, DEVELOPED A VISION STATEMENT TO FRAME THEIR WORK STATING, "THE KANSAS CITY REGION IS DEVELOPING A VALUE-BASED COLLABORATIVE HEALTHCARE ECOSYSTEM TO ESTABLISH KANSAS CITY AS 'THE OUTCOMES RESEARCH REGION' IN THE NATION." OUTCOMES RESEARCH RECOGNIZES PATIENT VARIATION ACROSS A POPULATION AND IDENTIFIES INDIVIDUAL PATIENT RISKS. IT PROVIDES A PERSONALIZED MEDICINE APPROACH DELIVERING TO PHYSICIANS THE TOOLS AND DATA TO TREAT A PATIENT AS AN INDIVIDUAL, INSTEAD OF TREATING THEM AS A MEAN OF THE POPULATION. -TO CREATE THIS ECOSYSTEM, THE GROUP RECOGNIZED THE NEED TO ENGAGE A CRITICAL MASS OF REGIONAL HOSPITALS IN AN OUTCOMES PROJECT TO DEMONSTRATE THE OPPORTUNITY IN VALUE-BASED HEALTHCARE. KEY ELEMENTS WERE IDENTIFIED FOR DEVELOPING A SUCCESSFUL OUTCOMES PROJECT TO ASSESS POTENTIAL CANDIDATE PROJECTS. AFTER CONSIDERABLE DELIBERATIONS, THE WORKING GROUP SELECTED PERCUTANEOUS CORONARY INTERVENTION (PCI) USING THE E-PRISM TOOL DEVELOPED BY HEALTH OUTCOME SCIENCES. THE E-PRISM TOOL USES OVER 90 PARAMETERS FROM A PATIENT'S ELECTRONIC MEDICAL RECORD TO DETERMINE BLEEDING AND ACUTE KIDNEY INJURY (AKI) RISKS FOLLOWING THE PROCEDURE AND PROVIDES THIS INFORMATION TO THE INTERVENTIONAL CARDIOLOGIST TO CUSTOMIZE TREATMENT FOR EACH PATIENT. SIGNIFICANT SAVINGS TO THE HOSPITAL ARE REALIZED IN AVOIDING ADVERSE EVENTS - OVER \$8,000 PER PATIENT FOR BLEEDING, OVER \$10,000 FOR EACH AKI EVENT, AND OVER \$100,000 PER PATIENT FOR KIDNEY DIALYSIS, NOT TO MENTION THE BENEFIT FOR THE PATIENT. AT BARNES JEWISH HOSPITAL IN ST LOUIS, BLEEDING RATES AND AKI RATES DECREASED FROM ABOUT 8-10% AT BASELINE TO 2% WITH THE E-PRISM TOOL. ADDITIONALLY, THE HOSPITAL SAVES OVER \$3,500,000 ANNUALLY IN THIS SINGLE PROCEDURE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>(CONTINUED) 2 COLLABORATE2CURE KCALS CREATED THE COLLABORATE2CURE PROGRAM WITH THE GOAL OF STIMULATING REGIONAL SCIENTIFIC COLLABORATION AND DEVELOPING INNOVATIVE WAYS TO SOLVE SCIENTIFIC CHALLENGES. THE PROGRAM PROVIDES A PLATFORM FOR COLLABORATION, ALLOWING SCIENTISTS IN THE KC REGION TO SHARE THEIR RESEARCH AND ULTIMATELY COMPETE FOR FUNDING. KCALS IDENTIFIES A TOPIC WITH SIGNIFICANT INTEREST TO RESEARCHERS WHICH ALIGNS WELL WITH REGIONAL EXPERTISE, AND THEN COORDINATES A SERIES OF PRESENTATIONS FROM RESEARCHERS OVER THE COURSE OF SEVERAL MONTHS. THE 2017 COLLABORATE2CURE SERIES FOCUSED ON "MITOCHONDRIAL DYSFUNCTION." SCIENTISTS, CLINICIANS, STUDENTS, AND ENTREPRENEURS GATHERED OVER 14 WEEKS TO SHARE AND GAIN KNOWLEDGE SURROUNDING MITOCHONDRIAL DYSFUNCTION. MITOCHONDRIA ARE THE ENERGY POWERHOUSE OF THE CELL AND ARE RESPONSIBLE FOR CREATING MORE THAN 90% OF THE ENERGY NEEDED BY THE BODY TO SUSTAIN LIFE AND SUPPORT ORGAN FUNCTIONS. DISEASES LINKED TO FAILING MITOCHONDRIA INCLUDE ALZHEIMER'S DISEASE, ALS, OBESITY, HEART DISEASE, AND NEUROLOGICAL DISEASES. THE MITOCHONDRIAL DYSFUNCTION SERIES WAS CO-CHAIRIED BY DRS. ABDULBAKI "BAKI" AGBAS FROM KANSAS CITY UNIVERSITY AND RUSSELL SWERDLOW FROM THE UNIVERSITY OF KANSAS MEDICAL CENTER. AFTER THE SERIES, A REQUEST FOR PROPOSALS WAS RELEASED TO SUPPORT COLLABORATIVE RESEARCH PROJECTS SPAWNED FROM THE SERIES. THE WINNING PROJECT RECEIVED \$50,000 FOR ONE YEAR TO COMPLETE THE RESEARCH PROJECT.</p> <p>3 WORKFORCE DEVELOPMENT. WORKFORCE DEVELOPMENT WAS IDENTIFIED IN KCALS' PATH TO 2025 REPORT AS A SIGNIFICANT THREAT TO AND CRITICAL WEAKNESS IN THE REGIONAL LIFE SCIENCE CLUSTER. KC RISING, A CIVIC INITIATIVE UNDERWAY ACROSS THE KANSAS CITY COMMUNITY, ESTABLISHED A HUMAN CAPITAL WORK GROUP TO ADDRESS WORKFORCE DEVELOPMENT ISSUES. RECOGNIZING THE OPPORTUNITY TO LEVERAGE A PARALLEL EFFORT, KCALS INTEGRATED ITS EFFORTS AND EXPERTISE WITH KC RISING TO DEVELOP A REGIONAL PLAN OF ACTION. 2017 ACTIVITIES IN SUPPORT OF WORKFORCE DEVELOPMENT INCLUDED THE FOLLOWING: -THE TALENT TO INDUSTRY EXCHANGE (TIE) CONCEPT WAS INTRODUCED TO IMPROVE LABOR SUPPLY IN KEY INDUSTRY SECTORS AND GROW THE WORKFORCE NECESSARY TO ATTRACT AND RETAIN COMPANIES IN THE KANSAS CITY REGION. ENGAGEMENT WITH LOCAL LIFE SCIENCE COMPANY LEADERS AND EDUCATIONAL INSTITUTIONS LAUNCHED IN 2016. THE LIFE SCIENCES TIE LABOR ANALYSIS WAS PUBLISHED IN FEBRUARY 2017. ONE OF THE KEY CHARGES WAS TO ESTABLISH A REGIONAL ADVISORY COUNCIL (RAC). MUCH LIKE A PLATFORM TECHNOLOGY, THE RAC CAN ASSESS A VARIETY OF WORKFORCE ISSUES AND IDENTIFY EDUCATION SOLUTIONS MORE RAPIDLY AND EFFICIENTLY, TO MEET INDUSTRY NEEDS. -BIOINFORMATICS WILL BE THE FIRST FOCUS AREA FOR THE RAC, AS THIS INDUSTRY SECTOR STRUGGLES TO ACQUIRE ADEQUATELY SKILLED WORKERS. WITH GUIDANCE FROM INDUSTRY, NEW CURRICULA WILL BE THE DELIVERABLE. -CONTRACT RESEARCH ORGANIZATIONS WILL BE THE SECOND FOCUS AREA. GIVEN THE EVER-CHANGING NATURE OF THEIR WORKFLOW, THIS INDUSTRY SECTOR IS RIPE FOR USING STACKABLE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>E CREDENTIALS TO MEET TRAINING NEEDS THESE SHORT-TERM CREDENTIALS CAN BE "STACKED," LEADING TO TWO AND FOUR-YEAR DEGREES -THE EMERGING ENTREPRENEUR PROOF OF CONCEPT FUND (E2POC) PROGRAM HARVESTS ORPHAN TECHNOLOGIES DEVELOPED BY HIGH SCHOOL AND COLLEGE STUDENTS COMPETING IN REGIONAL STEM COMPETITIONS TO INCREASE ENTREPRENEURS IN THE REGION, THE E2POC PROGRAM WILL ENGAGE STUDENT INVENTORS BY PROVIDING ENTREPRENEURSHIP RESOURCES, ASSISTING WITH BUSINESS PLAN DEVELOPMENT, ASSESSING MARKETS, INTELLECTUAL PROPERTY, AND ACCESSING CAPITAL APPROXIMATELY 3 - 5 SUCCESSFUL APPLICANTS ANNUALLY WILL RECEIVE \$5,000 SCHOLARSHIPS AND THE E2POC WILL FUND THE PROOF OF CONCEPT WORK AND PATENT PROSECUTION THE ENTREPRENEUR WILL BE PAIRED WITH BUSINESS MENTORS TO AUGMENT THEIR ENTREPRENEURIAL EDUCATION ADDITIONAL SCHOLARSHIPS WILL BE GRANTED, UP TO \$20,000, AS THE PRODUCT MOVES TOWARD COMMERCIALIZATION THE E2POC HAS TWO IMPORTANT OUTCOMES (1) TRAIN YOUNG ENTREPRENEURS, AND (2) ADVANCE INNOVATIVE TECHNOLOGIES TO MARKET BY DIRECTLY FUNDING THE TECHNICAL STUDIES NECESSARY TO DE-RISK THEM TO ATTRACT INVESTORS 4 KCALSIS RESEARCH DEVELOPMENT GRANT PROGRAMS THE KCALSIS RESEARCH DEVELOPMENT GRANTS PROGRAM REPRESENTS ONE OF OUR OLDEST AND MOST POPULAR PROGRAMS GRANTS ARE AWARDED TO GENERATE PRELIMINARY DATA THAT SUPPORT SUBMISSION OF MAJOR MULTIDISCIPLINARY RESEARCH PROPOSALS TO GOVERNMENT OR PRIVATE FUNDING AGENCIES APPLICANTS RECEIVE WRITTEN PEER REVIEWS, REGARDLESS OF WHETHER THEIR PROJECT RECEIVED FUNDING, TO HELP THEM IMPROVE FUTURE GRANT APPLICATIONS THIS IS A VALUED SERVICE APPRECIATED BY ALL TEN STAKEHOLDERS FROM 2007 TO 2017, KCALSIS HAS MANAGED 77 GRANTS TOTALING \$3.7 MILLION ON AVERAGE, FOR EVERY \$1 INVESTED IN GRANTS, \$9.10 HAS BEEN RETURNED TO THE REGION FROM FOLLOW-ON FEDERAL SOURCES IMPORTANTLY, THIS NUMBER SHOULD BE VIEWED CONSERVATIVELY AS NO INFORMATION IS READILY AVAILABLE REGARDING GRANTS MADE TO REGIONAL SCIENTISTS BY PRIVATE FOUNDATIONS AND PATIENT ADVOCACY ORGANIZATIONS THE 2017 KCALSIS RESEARCH DEVELOPMENT GRANT PORTFOLIO INCLUDES BLUE KC OUTCOMES RESEARCH GRANTS FOCUS ON IMPROVING THE HEALTHCARE QUALITY, REDUCING COSTS, IMPROVING EFFECTIVENESS OR EFFICIENCY OF THE HEALTHCARE PROCESS, AND/OR IMPROVING ACCESS TO HEALTHCARE PARTNERING WITH BLUE CROSS AND BLUE SHIELD OF KANSAS CITY, KCALSIS AWARDED THREE GRANTS OF UP TO \$50,000 EACH IN MAY 2016 THE GRANTS WERE PRESENTED TO THREE RESEARCH SCIENTISTS, TWO AT CHILDREN'S MERCY AND ONE AT THE UNIVERSITY OF KANSAS MEDICAL CENTER PAUL PATTON CHARITABLE TRUST GRANTS FOCUS ON GENETIC DISEASES MAINLY AFFECTING CHILDREN THE FUNDS FOR THIS PROGRAM ARE PROVIDED BY THE PAUL PATTON TRUST, TED MCCARTER, WILLIAM EVANS JR. AND BANK OF AMERICA, N.A., TRUSTEE KCALSIS AWARDED GRANTS OF UP TO \$50,000 TO THREE RESEARCHERS, TWO AT CHILDREN'S MERCY, AND ONE AT THE UNIVERSITY OF MISSOURI NEXUS OF HUMAN AND ANIMAL HEALTH GRANTS FOCUS ON BIOMEDICAL RESEARCH PROJECTS, RANGING FROM USING NATURALLY OCCURRING DISEASES</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ES IN ANIMALS AS A MODEL FOR ASSESSING HUMAN DRUG EFFICACY TO REPURPOSING HUMAN DRUGS FOR USE IN ANIMAL DISEASES FUNDED BY THE HALL FAMILY FOUNDATION, KCALSI AWARDED \$50,000 GRANT S EACH TO FIVE RESEARCHERS, THREE AT KANSAS STATE UNIVERSITY, ONE AT THE UNIVERSITY OF MIS SOURI, AND ONE AT THE UNIVERSITY OF KANSAS COLLABORATE2CURE GRANTS ARE SPECIFICALLY USED TO SUPPORT NEW COLLABORATIONS AND INNOVATIVE APPROACHES TO SOLVING PROBLEMS SPAWNED FROM T HE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>(CONTINUED) 6 ONE HEALTH INNOVATIONS SYMPOSIUM THE 2017 ONE HEALTH INNOVATIONS PREVENTING THE NEXT PANDEMIC SYMPOSIUM WAS HELD AUGUST 27-28 AT THE KANSAS CITY CONVENTION CENTER KCALSI COORDINATED THIS TWO-DAY EVENT ALONG WITH THE UNIVERSITY OF MISSOURI, KANSAS STATE UNIVERSITY AND INDUSTRY PARTNERS THE SYMPOSIUM FEATURED OVER 20 NATIONAL AND REGIONAL EXPERTS ADDRESSING THIS TOPIC FROM TWO PERSPECTIVES (1) HOW CAN SURVEILLANCE DATA, SOCIAL TRAFFICKING, AND BIG DATA BE USED TO IDENTIFY POTENTIAL OUTBREAKS EARLIER, TO FACILITATE RAPID RESPONSE, AND (2) WHAT ARE THE LATEST VACCINE PLATFORMS BEING APPLIED TO VIRAL AND EMERGING DISEASES INCLUDING A SEGMENT ON NOVEL TREATMENT APPROACHES THE SYMPOSIUM FEATURED THREE KEYNOTE PRESENTERS, DR GREG GRAY, DUKE UNIVERSITY, "ONE HEALTH AN INCREASINGLY POPULAR APPROACH TO WICKED GLOBAL HEALTH PROBLEMS," DR MARK CHALLBERG, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES WHO DISCUSSED, "ZIKA VACCINE DEVELOPMENT STARTING FROM SCRATCH, AND DR MARTY VANIER, WITH THE NATIONAL BIO AND AGRO-DEFENSE FACILITY WHO PRESENTED ON "NATIONAL BIO AND AGRO-DEFENSE FACILITY A NEW PARADIGM HIGHLIGHTS OF DAY 1 INCLUDED DR TRACEY MCNAMARA WHO FIRST IDENTIFIED WEST NILE VIRUS IN THE UNITED STATES, AND DR JORGE SOBERON WHO DISCUSSED DISEASE SPREAD USING ECOLOGY AND EVOLUTIONARY BIOLOGY DAY 2 INCLUDED PRESENTATIONS BY DR SCOTT MCVEY FEATURING FAST-TRACK APPROACHES FOR EMERGING DISEASES AND DR SAMUEL THEVASAGAYAM FROM THE GATES FOUNDATION FOCUSED ON CHALLENGES OF SUB-SAHARAN AFRICA VACCINE MANUFACTURING 7 ONE HEALTH DAY THE ONE HEALTH CONCEPT LEVERAGES MULTIPLE DISCIPLINES WORKING LOCALLY, NATIONALLY AND GLOBALLY LINKING HUMAN HEALTH, ANIMAL HEALTH, AND THE ENVIRONMENT KCALSI PARTNERED WITH KANSAS STATE UNIVERSITY AND BIOKANSAS TO HOST "KANSAS CITY ONE HEALTH DAY " DR CARTER PROVIDED AN OVERVIEW OF ONE HEALTH HE NOTED THAT A FOCUSED RESEARCH APPROACH IS IMPORTANT, HOWEVER, BEING ABLE TO SEE THE BIG PICTURE RELATING TO INTERDISCIPLINARY DATA IS CRITICAL PANELISTS INCLUDED, DR BARBARA BICHELMAYER, INTERIM CHANCELLOR, UMKC, DR TOM CURRAN, CHIEF SCIENTIFIC OFFICER, CHILDREN'S MERCY, KELLY RANALLO,</p>

**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2017**

**Open to Public**

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	0 SPEAKERS SHOWCASING PRACTICAL APPROACHES TO COLLECTING, ORGANIZING, AND PREPARING DATA FOR A BROAD RANGE OF ANALYSES APPLIED IN HUMAN AND ANIMAL HEALTH THE CONFERENCE WAS HOSTED ON THE UMKC CAMPUS AND CONVENED NEARLY 200 BIOINFORMATICS-MINDED RESEARCHERS FROM ACADEMIA AND INDUSTRY TO DISCOVER CAPABILITIES, SHARE TACTICAL APPROACHES TO PROBLEM-SOLVING, EXPLORE SYNERGIES, AND LAUNCH POTENTIAL COLLABORATIONS ADDITIONALLY, BIOINFORMATICS STUDENTS LEARNED ABOUT EMPLOYMENT OPPORTUNITIES WITHIN THE REGION AND PARTICIPATED IN MOCK INTERVIEWS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ANNE D ST PETER AND STEVEN ST PETER,MD HAVE A FAMILY RELATIONSHIP



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION HAS A POLICY FOR THE ORGANIZATION'S AUDIT COMMITTEE TO REVIEW THE 990 BEFORE IT IS FILED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL STAFF AND DIRECTORS MUST SUBMIT ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS IF A CONFLICT ARISES WITHIN THE BOARD, THE DISCLOSING INDIVIDUAL SHALL NEITHER VOTE NOR ENDEAVOR TO INFLUENCE THE DECISION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS AGREED UPON BY THE BOARD OF DIRECTORS AND FINALIZED VIA A WRITTEN EMPLOYMENT CONTRACT THIS APPROVAL IS DOCUMENTED IN THE MINUTES OF THE BOARD IN 2013 THE ORGANIZATION CREATED A COMPENSATION COMMITTEE AND CONDUCTED A COMPENSATION STUDY TO FURTHER REFINE THE COMPENSATION PROCESS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ONLY AVAILABLE UPON REQUEST

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
KANSAS CITY AREA LIFE SCIENCES  
INSTITUTE INC

Employer identification number  
43-1889037

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> KC BIO HOLDINGS INC 30 W PERSHING ROAD STE 210 KANSAS CITY, MO 64108 41-2115941	LIFE SCIENCES	MO	N/A	C			100.000 %	Yes	
<b>(2)</b>								Yes	

**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

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 . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

Schedule R (Form 990) 2017

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.

[illegible]



**Part VII** **Supplemental Information**

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