

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

4a	(Code)	(Expenses \$ 77,569,507	including grants of \$ 975,000	(Revenue \$ 256,571)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	77,569,507
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	387			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
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	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c 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				7d		
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		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				15	Yes	
				16		No

Part VI

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

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

Section A. Governing Body and Management

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	Yes	
b	Other officers or key employees of the organization.		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► J SCOTT PETTET 1000 E 50TH STREET KANSAS CITY, MO 64110 (816) 926-4000

Part 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 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VIRGINIA G STOWERS DIRECTOR	2 0 2 0	X						0	0	0
(2) DAVID A WELTE DIRECTOR/SECRETARY	2 0 48 0	X		X				0	1,383,256	67,985
(3) RODERICK L STURGEON DIRECTOR/CFO	2 0 48 0	X		X				0	1,627,350	62,371
(4) WILLIAM B NEAVES DIR/PRES EMER THRU 03/2018	20 0 6 0	X		X				129,953	0	16,246
(5) DAVID M CHAO DIRECTOR/PRESIDENT/CEO	40 0 4 0	X		X				1,373,501	0	42,696
(6) ROBERT E KRUMLAUF DIRECTOR/SCIENTIFIC DIRECTOR	40 0 4 0	X						548,762	0	66,943
(7) RICHARD W BROWN DIRECTOR/CHAIR	2 0 46 0	X		X				0	2,424,700	59,649
(8) ALBERZINE FREEMAN DIRECTOR	2 0 4 0	X						0	0	0
(9) JONATHAN THOMAS DIRECTOR	2 0 4 0	X						0	0	0
(10) BRENT KREIDER CHIEF OPERATING OFFICER	2 0 40 0			X				0	598,764	23,482
(11) RONALD C CONAWAY INVESTIGATOR	40 0 0 0					X		304,207	0	42,696
(12) JOAN W CONAWAY INVESTIGATOR	40 0 0 0					X		301,690	0	59,681
(13) JERRY L WORKMAN INVESTIGATOR	40 0 0 0					X		362,953	0	52,480
(14) R SCOTT HAWLEY INVESTIGATOR	40 0 2 0					X		364,306	0	59,869
(15) LINHENG LI INVESTIGATOR	40 0 0 0					X		268,131	0	41,131

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,653,503	6,034,070	595,229

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 ► 47

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN CENTURY INVESTMENTS, 4500 MAIN STREET KANSAS CITY, MO 64111	INDIRECT - SEE SCH O	175,000

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

Part VIII Statement of RevenueCheck 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	80,100,000				
	e Government grants (contributions)	1e	4,684,135				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	635,681				
	g Noncash contributions included in lines 1a - 1f \$		80,100,000				
h Total. Add lines 1a-1f			85,419,816				
Program Service Revenue	2a COLLABORATION FEE FROM HHMI 501(C)(3)		Business Code 900099	256,571	256,571		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			256,571			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,230,451		1,230,451	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			21,314		21,314	
	6a Gross rents	(i) Real	(ii) Personal				
		15,001					
		b Less rental expenses	15,001				
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		88,001,026	306,215				
		b Less cost or other basis and sales expenses	88,613,178	184,998			
		c Gain or (loss)	-612,152	121,217			
	d Net gain or (loss)			-490,935		-490,935	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	a	0				
b Less cost of goods sold		b	0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a OTHER REBATES & REVENUE		900099	87,341		87,341		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			87,341				
12 Total revenue. See Instructions			86,524,558	256,571	0	848,171	

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 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	975,000	975,000		
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			
5 Compensation of current officers, directors, trustees, and key employees.	2,178,102	1,960,292	217,810	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	459,188	413,269	45,919	0
7 Other salaries and wages.	23,896,011	21,506,410	2,389,601	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,413,546	2,172,191	241,355	
9 Other employee benefits.	4,338,516	3,904,664	433,852	0
10 Payroll taxes.	1,649,536	1,484,582	164,954	0
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	847,139	762,425	84,714	
12 Advertising and promotion.	0			
13 Office expenses.	220,081	198,073	22,008	0
14 Information technology.	422,796	380,516	42,280	0
15 Royalties.	9,231	8,308	923	0
16 Occupancy.	2,215,550	1,993,995	221,555	0
17 Travel.	685,451	616,906	68,545	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	721,612	649,451	72,161	0
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	9,876,455	8,888,809	987,646	0
23 Insurance.	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a COST-SHARING W/RELATED ORG	26,136,453	23,522,808	2,613,645	
b LAB SUPPLIES	6,657,781	5,992,003	665,778	
c PER CAPITA APPROP TO GSSIMR	1,276,000	1,276,000	0	
d UBIT - PARKING TAX	22,169	19,952	2,217	
e All other expenses	937,615	843,853	93,762	
25 Total functional expenses. Add lines 1 through 24e.	85,938,232	77,569,507	8,368,725	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		0	1	0	
	2	Savings and temporary cash investments		1,334,981	2	1,897,970	
	3	Pledges and grants receivable, net		472,672	3	415,996	
	4	Accounts receivable, net		0	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	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 Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		1,447	7	0	
	8	Inventories for sale or use		85,128	8	2,287	
	9	Prepaid expenses and deferred charges		338,505	9	330,173	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	327,950,931			
	b	Less: accumulated depreciation	10b	186,872,066	146,202,536	10c	141,078,865
	11	Investments—publicly traded securities		92,984,360	11	101,356,319	
	12	Investments—other securities. See Part IV, line 11		672,920	12	373,601	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		95,276,219	15	90,454,328	
16	Total assets. Add lines 1 through 15 (must equal line 34)		337,368,768	16	335,909,539		
Liabilities	17	Accounts payable and accrued expenses		8,559,157	17	7,568,381	
	18	Grants payable		0	18	0	
	19	Deferred revenue		247,817	19	202,716	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		99,036,384	25	98,399,770	
	26	Total liabilities. Add lines 17 through 25		107,843,358	26	106,170,867	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		228,975,170	27	229,617,951	
	28	Temporarily restricted net assets		550,240	28	120,721	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		229,525,410	33	229,738,672		
34	Total liabilities and net assets/fund balances		337,368,768	34	335,909,539		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	86,524,558
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,938,232
3	Revenue less expenses Subtract line 2 from line 1	3	586,326
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229,525,410
5	Net unrealized gains (losses) on investments	5	-110,499
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-262,565
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	229,738,672

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Form 990 (2018)

Form 990, Part III, Line 4a:

SIMR'S ACCOMPLISHMENTS ARE DESCRIBED IN SCHEDULE O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number

20-2993509

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☒

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state SEE SCHEDULE A PART VI MA
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
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 business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities 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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
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 regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section 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 instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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 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 Part VI the role played by the organization in this regard.</i>		
	3b	

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

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Return Reference	Explanation
PART I, LINE 4	<p>COOPERATION AGREEMENTS AND COLLABORATIONS IN 2018, STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") SCIENTISTS COLLABORATED WITH RESEARCHERS AT MORE THAN 100 NATIONAL INSTITUTIONS AND MORE THAN 40 INTERNATIONAL INSTITUTIONS INCLUDING DOZENS OF HOSPITALS, MEDICAL CENTERS, AND MEDICAL SCHOOLS. MANY OF THESE COLLABORATIONS RESULTED IN DISCOVERIES THAT MERITED PUBLICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS AND/OR SUCCESSFULLY FUNDED GRANT AWARDS. SIMR CONDUCTS MEDICAL RESEARCH IN CONJUNCTION WITH THE UNIVERSITY OF KANSAS ("KU") AND ITS AFFILIATES THE UNIVERSITY OF KANSAS HOSPITAL AUTHORITY AND THE UNIVERSITY OF KANSAS MEDICAL CENTER (KUMC), PURSUANT TO A WRITTEN MEMORANDUM OF UNDERSTANDING. KUMC IS THE ACADEMIC HEALTH SCIENCE CENTER OF THE LARGEST PUBLIC RESEARCH UNIVERSITY IN THE STATE OF KANSAS. KUMC OFFERS PROGRAMS AND SERVICES THAT FOCUS ON EDUCATION, RESEARCH, PATIENT CARE, AND COMMUNITY ENGAGEMENT. AS OF DECEMBER 31, 2018, FIVE KUMC STUDENTS HAVE RECEIVED M.S. DEGREES AND 43 KUMC STUDENTS HAVE RECEIVED PH.D. DEGREES FOR THESIS WORK PERFORMED IN SIMR'S LABS. KUMC IS AFFILIATED WITH THE UNIVERSITY OF KANSAS HOSPITAL, A NONPROFIT INDEPENDENT HOSPITAL CO-LOCATED WITH THE MAIN KUMC CAMPUS IN KANSAS CITY, KS. IN 2018, TWENTY-TWO SIMR RESEARCH PROGRAM LEADERS WERE ADJUNCT FACULTY IN FOUR KUMC DEPARTMENTS. THESE APPOINTMENTS INCLUDED 12 FULL PROFESSORS, SIX ASSOCIATE PROFESSORS, AND FOUR ASSISTANT PROFESSORS. IN 2018, 52 OF SIMR'S 65 ORIGINAL RESEARCH PUBLICATIONS INCLUDED BOTH SIMR AND KUMC AFFILIATIONS. ABOUT 15 KUMC STUDENTS PERFORMED PREDOCTORAL RESEARCH IN SIMR LABS IN 2018. SIMR IS ALSO A CONSORTIUM MEMBER OF THE UNIVERSITY OF KANSAS CANCER CENTER AT KUMC, A CANCER RESEARCH AND CARE PARTNERSHIP SPANNING TWO STATES AND INVOLVING COLLABORATION AMONG RESEARCHERS, PHYSICIANS, AND CANCER SUPPORT PROFESSIONALS IN BASIC, TRANSLATIONAL, AND CLINICAL RESEARCH AREAS. IN JUNE 2012, THE NIH'S NATIONAL CANCER INSTITUTE (NCI) NAMED THE UNIVERSITY OF KANSAS CANCER CENTER AS A NCI-DESIGNATED CANCER CENTER. THE NCI CANCER CENTERS PROGRAM IS A PILLAR OF FEDERAL CANCER RESEARCH EFFORTS AND INTEGRAL TO THE NCI'S PROGRAMS FOR STUDYING, TREATING, AND PREVENTING CANCER. IN KUMC'S APPLICATION TO THE NCI CANCER CENTERS PROGRAM, \$4 MILLION OF THE \$48 MILLION IN GRANTS CITED IN THE APPLICATION WERE GRANTS THAT HAD BEEN AWARDED TO SIMR INVESTIGATORS. IN 2018, 14 SIMR RESEARCH PROGRAM LEADERS WERE MEMBERS OF THE UNIVERSITY OF KANSAS CANCER CENTER'S CANCER BIOLOGY RESEARCH PROGRAM, INCLUDING LINH ENGLI, PH.D., WHO SERVES AS CO-LEADER OF THE PROGRAM. IN 2018, SIMR RESEARCH PROGRAM LEADER PAUL KULESA, PH.D., CONTINUED A RESEARCH COLLABORATION WITH DANNY WELCH, PH.D., PROFESSOR AND CHAIR OF THE DEPARTMENT OF CANCER BIOLOGY AT KUMC AND ASSOCIATE DIRECTOR OF THE UNIVERSITY OF KANSAS CANCER CENTER. THE COLLABORATION FOCUSES ON UNDERSTANDING MECHANISMS THAT UNDERLIE THE DEVELOPMENT OF NEUROBLASTOMA. DR. WELCH IS AN ACCOMPLISHED RESEARCHER IN THE AREA OF TUMOR PROGRESSION AND</p>

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Return Reference	Explanation
PART I, LINE 4	<p>D UNDERLYING GENETIC AND EPIGENETIC CONTROLS THIS RESEARCH COLLABORATION, SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE, HAS RESULTED IN ORIGINAL RESEARCH PUBLICATIONS INCLUDING KASEMESIER-KULESA JC ET AL, 2018 IN 2018, SIMR RESEARCH PROGRAM LEADER MICHAEL WASHBURN, PH D , CONTINUED A RESEARCH PROJECT IN COLLABORATION WITH ROY JENSEN, M D , DIRECTOR OF THE UNIVERSITY OF KANSAS CANCER CENTER THE OVERALL AIM OF THIS RESEARCH EFFORT IS TO DETERMINE HOW CANCER THERAPEUTICS ACT ON PROTEIN NETWORKS IN CELLS AND TISSUES DR JENSEN 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 PROFESSOR, AND PROFESSOR OF PATHOLOGY AND LABORATORY MEDICINE, ANATOMY AND CELL BIOLOGY, CANCER BIOLOGY, AND MOLECULAR BIOSCIENCES AT KUMC THE PROJECT AIMS TO FURTHER EXPLORE THE MECHANISM OF ACTION OF SUBEROYLANILIDE HYDROXYAMIC ACID (SAHA), WHICH IS USED AS CHEMOTHERAPY FOR CERTAIN LYMPHOMAS AND IS BEING EVALUATED IN CLINICAL TRIALS FOR OTHER CANCERS RECENT REPORTS SUGGEST THAT SAHA HAS ADDITIONAL EFFECTS THAT INVOLVE PROTEIN NETWORKS MORE BROADLY, THUS SUGGESTING OTHER POSSIBLE MECHANISMS OF ACTION RESULTS FROM THIS JOINT RESEARCH EFFORT MAY ENABLE THE FUTURE DEVELOPMENT OF MORE SPECIFIC AND EFFECTIVE HUMAN THERAPEUTICS THIS PROJECT, SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES, HAS RESULTED IN ORIGINAL RESEARCH PUBLICATIONS INCLUDING BANKS CAS ET AL, SCIENTIFIC REPORTS, 2018, AND BANKS CAS ET AL , MOLECULAR & CELLULAR PROTEOMICS, 2018 IN 2018, SIMR RESEARCH PROGRAM LEADER LINHENG LI, PH D , CONTINUED A COLLABORATION 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 HELP REDUCE THE RECURRENCE OF CANCER AFTER A PATIENT GOES INTO REMISSION THE COLLABORATION BUILDS ON FOUNDATIONAL RESEARCH FROM THE LAB THAT HAS CHARACTERIZED CANCER STEM CELLS AT MOLECULAR AND CELLULAR LEVELS KUMC IS THE SPONSOR OF A RELATED CLINICAL RESEARCH STUDY, "LOW-DOSE DAUNORUBICIN IN PATIENTS WITH RELAPSED/REFRACTORY ACUTE LEUKEMIA," WHICH IS DESIGNED TO ASSESS THE FEASIBILITY AND TOLERABILITY OF ADMINISTERING A LOW DOSE OF THE DRUG TO PATIENTS WITH RELAPSED OR REFRACTORY ACUTE MYELOID LEUKEMIA (AML) OR ACUTE LYMPHOBLASTIC LEUKEMIA (ALL), AND TO OBTAIN PRELIMINARY DATA ON THE DRUG ENGAGING ITS TARGET SIMR PARTICIPATED IN COLLABORATIONS CONDUCTING RESEARCH IN CONJUNCTION WITH THE FOLLOWING US HOSPITALS, PURSUANT TO AN UNDERSTANDING TO MAINTAIN CONTINUING CLOSE COOPERATION IN THE ACTIVE CONDUCT OF MEDICAL RESEARCH IN 2018 INSTITUTION LOCATION ALBERT EINSTEIN COLLEGE OF MEDICINE NEW YORK, NY BAYLOR COLLEGE OF MEDICINE HOUSTON, TX BOSTON UNIVERSITY SCHOOL OF MEDICINE BOSTON, MA CHILDREN'S HOSPITAL OF PHILADELPHIA PHILADELPHIA, PA CHILDREN'</p>

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<p>PART I, LINE 4</p>	<p>S MERCY HOSPITAL KANSAS CITY, MO CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER CINCINNATI, OH DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA LOS ANGELES, CA FRED HUTCHINSON CANCER RESEARCH CENTER SEATTLE, WA HARVARD MEDICAL SCHOOL BOSTON, MA JOHNS HOPKINS SCHOOL OF MEDICINE BALTIMORE, MD KECK SCHOOL OF MEDICINE AT USC LOS ANGELES, CA LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS, LA MASSACHUSETTS GENERAL HOSPITAL BOSTON, MA MEMORIAL SLOAN KETTERING CANCER CENTER NEW YORK, NY MOUNT SINAI HOSPITAL NEW YORK, NY NEW YORK UNIVERSITY SCHOOL OF MEDICINE NEW YORK, NY NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE CHICAGO, IL OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF MEDICINE PORTLAND, OR PERLMUTTER CANCER CENTER NEW YORK, NY SEATTLE CHILDREN'S HOSPITAL SEATTLE, WA ST JUDE CHILDREN'S RESEARCH HOSPITAL MEMPHIS, TN STANFORD UNIVERSITY SCHOOL OF MEDICINE PALO ALTO, CA UCSF BENIOFF CHILDREN'S HOSPITAL SAN FRANCISCO, CA UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES LITTLE ROCK, AR UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE DAVIS, CA UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE CINCINNATI, OH UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE GAINESVILLE, FL UNIVERSITY OF KANSAS CANCER CENTER KANSAS CITY, KS UNIVERSITY OF KANSAS MEDICAL CENTER KANSAS CITY, KS UNIVERSITY OF KENTUCKY MARKEY CANCER CENTER LEXINGTON, KY UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL WORCESTER, MA UNIVERSITY OF NEBRASKA MEDICAL CENTER OMAHA, NE UNIVERSITY OF NORTH CAROLINA LINCOLN COMPREHENSIVE CANCER CENTER CHAPEL HILL, NC UNIVERSITY OF PENNSYLVANIA PERLMAN SCHOOL OF MEDICINE PHILADELPHIA, PA UNIVERSITY OF PITTSBURGH CANCER INSTITUTE PITTSBURGH, PA UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE PITTSBURGH, PA UNIVERSITY OF ROCHESTER MEDICAL CENTER ROCHESTER, NY UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO, TX UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER HOUSTON, TX UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE SEATTLE, WA TO CARRY OUT THE RESEARCH DESCRIBED IN THE FOLLOWING EXAMPLES, SIMR AND HOSPITAL, MEDICAL CENTER, OR MEDICAL SCHOOL ENTERED INTO A COOPERATION AGREEMENT PURSUANT TO WHICH THEY AGREED TO ESTABLISH, DEVELOP, ADMINISTER, AND MAINTAIN CONTINUING CLOSE COOPERATION IN THE ACTIVE CONDUCT OF MEDICAL RESEARCH, INCLUDING THROUGH SPECIFIC COOPERATIVE EFFORTS IN THE AREAS OF RESEARCH, SHARING OF INFORMATION, PURSUANT OF JOINT GRANTS, INTERACTION OF STAFF, ADJUNCT/JOINT APPOINTMENTS, AND SHARING OF FACILITIES IN ORDER TO ASSURE THE SUCCESS OF THEIR COOPERATIVE RELATIONSHIP, EACH AGREED TO ENGAGE IN EFFECTIVE, COORDINATED AND ONGOING PLANNING, OVERSIGHT, AND COMMUNICATION, AND TO COMMIT THE NECESSARY RESOURCES, BOTH HUMAN AND MONETARY, TO SUPPORT, FACILITATE, AND PROMOTE THE COOPERATION</p>

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Return Reference	Explanation
JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS -	<p>THE LI LAB PERFORMED JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS WITH COLLABORATORS AT CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA, OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF MEDICINE, STANFORD UNIVERSITY SCHOOL OF MEDICINE, AND UNIVERSITY OF PITTSBURGH CANCER INSTITUTE. INTESTINAL DISEASES 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 DISEASES. THIS ONGOING RESEARCH COLLABORATION, SUPPORTED IN PART BY A NIH GRANT AWARDED BY THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES, HAS GENERATED FINDINGS THAT HAVE BEEN REPORTED IN ORIGINAL RESEARCH PUBLICATIONS INCLUDING GORETSKY T ET AL, 2018.</p> <p>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 COLLABORATORS AT THE UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE. OROFACIAL CLEFTS ARE AMONG THE MOST COMMON TYPES OF BIRTH DEFECTS. MUTATIONS IN THE PAK1IP1 GENE ARE KNOWN TO CAUSE OROFACIAL CLEFTING AND PAK1IP1 MUTANT MOUSE MODELS HAVE BEEN DEVELOPED. THIS PROJECT INVESTIGATES THE MOLECULAR AND CELLULAR ETIOLOGY OF OROFACIAL CLEFTING IN THE MOUSE MODELS WHICH MAY LEAD TO NEW APPROACHES FOR THERAPY AND GENETIC TESTING IN HUMANS. THIS RESEARCH IS SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH.</p> <p>JOINT MEDICAL RESEARCH ON MECHANISMS OF NEURODEGENERATIVE AMYLOID DISEASES - THE SI LAB PERFORMED JOINT MEDICAL RESEARCH ON THE STRUCTURE AND FUNCTION OF AMYLOIDS WITH COLLABORATORS AT THE KECK SCHOOL OF MEDICINE AT USC. AMYLOID FIBRILS ARE FOUND IN MANY NEURODEGENERATIVE DISEASES BUT THEIR MECHANISM OF TOXICITY IS NOT FULLY UNDERSTOOD. AN INCREASING NUMBER OF NONTOXIC, FUNCTIONAL AMYLOIDS HAVE BEEN DESCRIBED, INCLUDING PROTEINS THAT ARE IMPORTANT FOR NEURONAL GROWTH AND LONG-TERM MEMORY. DETERMINING THE STRUCTURE OF FUNCTIONAL AMYLOIDS AND HOW THEIR AGGREGATION IS REGULATED PROVIDES A BETTER UNDERSTANDING OF TOXIC AMYLOIDS AND MAY REVEAL NEW APPROACHES TO TREATING NEURODEGENERATIVE AMYLOID DISEASES. THIS ONGOING COLLABORATIVE RESEARCH IS SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES. OTHER US COLLABORATORS INCLUDED ARIZONA STATE UNIVERSITY, BENAROYA RESEARCH INSTITUTE, BRIGHAM YOUNG UNIVERSITY-IDAHO, CENTER FOR INFECTIOUS DISEASE RESEARCH SEATTLE, CENTRE COLLEGE, CINCINNATI CHILDREN'S RESEARCH FOUNDATION, COLLEGE OF WOOSTER, COLUMBIA RIVER INTER-TRIBAL FISH COMMISSION, CORNELL UNIVERSITY, DARTMOUTH COLLEGE, DAVIDSON COLLEGE, DUKE UNIVERSITY, MARGOLIS CENTER FOR HEALTH POLICY, FLORIDA ATLANTIC UNIVERSITY, FLORIDA STATE UNIVERSITY, HARVARD STEM CELL INSTITUTE, HARVARD UNIVERSITY, HOWARD HUGHES MEDICAL INSTITUTE, IN</p>

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Return Reference	Explanation
JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS -	<p>DIANA UNIVERSITY, INSTITUTE FOR SYSTEMS BIOLOGY, IOWA STATE UNIVERSITY, JANELIA RESEARCH CAMPUS OF THE HOWARD HUGHES MEDICAL INSTITUTE, JOHNS HOPKINS UNIVERSITY, MARIST COLLEGE, MARQUETTE UNIVERSITY, MASSACHUSETTS INSTITUTE OF TECHNOLOGY, MCDONNELL GENOME INSTITUTE, MILWAUKEE PUBLIC MUSEUM, MONELL CHEMICAL SENSES CENTER, NATURAL HISTORY MUSEUM OF LOS ANGELES COUNTY, NEW YORK UNIVERSITY, NORTHWESTERN UNIVERSITY, OREGON STATE UNIVERSITY, ROCKEFELLER UNIVERSITY, SCRIPPS RESEARCH INSTITUTE, SHAWNEE STATE UNIVERSITY, SOUTHEASTERN LOUISIANA UNIVERSITY, STANFORD UNIVERSITY, THE JACKSON LABORATORY, UNIVERSITY OF CALIFORNIA BERKELEY, UNIVERSITY OF CALIFORNIA DAVIS, UNIVERSITY OF CALIFORNIA IRVINE, UNIVERSITY OF CALIFORNIA LOS ANGELES, UNIVERSITY OF CALIFORNIA MERCED, UNIVERSITY OF CALIFORNIA RIVERSIDE, UNIVERSITY OF CHICAGO, UNIVERSITY OF CINCINNATI, UNIVERSITY OF COLORADO, UNIVERSITY OF FLORIDA GAINESVILLE, UNIVERSITY OF GEORGIA, UNIVERSITY OF HAWAII AT MANOA, UNIVERSITY OF ILLINOIS CHICAGO, UNIVERSITY OF KANSAS, UNIVERSITY OF KENTUCKY, UNIVERSITY OF LOUISVILLE, UNIVERSITY OF MARYLAND, UNIVERSITY OF MICHIGAN, UNIVERSITY OF MINNESOTA, UNIVERSITY OF MISSOURI, UNIVERSITY OF MISSOURI-KANSAS CITY, UNIVERSITY OF NORTH CAROLINA, UNIVERSITY OF PENNSYLVANIA, UNIVERSITY OF SOUTHERN CALIFORNIA, UNIVERSITY OF UTAH, UNIVERSITY OF WASHINGTON, AND WASHINGTON UNIVERSITY IN ST LOUIS. SIMR COLLABORATED WITH THE FOLLOWING INTERNATIONAL HOSPITALS, MEDICAL CENTERS, AND MEDICAL SCHOOLS IN 2018: FIRST AFFILIATED HOSPITAL AT SUN YAT-SEN UNIVERSITY, GUANGZHOU, CHINA, FIRST AFFILIATED HOSPITAL AT ZHEJIANG UNIVERSITY SCHOOL OF MEDICINE, HANGZHOU, CHINA, LAURENTIAN UNIVERSITY NORTHERN ONTARIO SCHOOL OF MEDICINE, SUDBURY, ONTARIO, CANADA, NANJING MEDICAL UNIVERSITY, CHINA, SHANGHAI GENERAL HOSPITAL, SHANGHAI JIAOTONG UNIVERSITY SCHOOL OF MEDICINE, CHINA, SUN YAT-SEN UNIVERSITY SCHOOL OF MEDICINE, GUANGZHOU, CHINA, AND TIANJIN MEDICAL UNIVERSITY SCHOOL OF BASIC MEDICINE, CHINA. OTHER INTERNATIONAL COLLABORATORS INCLUDED CARDIFF UNIVERSITY, CATHAYS, UK, NACIONAL DO DESENVOLVIMENTO CIENTIFICO E TECNOLÓGICO, SAO PAULO, BRAZIL, DALHOUSIE UNIVERSITY, HALIFAX, NOVA SCOTIA, CANADA, DOSHISHA UNIVERSITY, KYOTO, JAPAN, EUROPEAN MOLECULAR BIOLOGY LABORATORY, HEIDELBERG, GERMANY, FEDERICO II UNIVERSITY, NAPLES, ITALY, FRANCIS CRICK INSTITUTE, LONDON, UK, GGS INDRAPRASTHA UNIVERSITY, NEW DELHI, INDIA, HEBREW UNIVERSITY, JERUSALEM, ISRAEL, HEIDELBERG UNIVERSITY, GERMANY, INSTITUCIO CATALANA DE RECERCA I ESTUDIS AVANÇATS, BARCELONA, SPAIN, INSTITUT PASTEUR, PARIS, FRANCE, INSTITUTE FOR MOLECULAR BIOLOGY, MAINZ, GERMANY, INSTITUTO DE BIOLOGIA MOLECULAR DE BARCELONA, SPAIN, INSTITUTO DE INVESTIGACION EN BIOMEDICINA DE BUENOS AIRES, ARGENTINA, INSTITUTO BUTANTAN, SAO PAULO, BRAZIL, JOHANNES GUTENBERG UNIVERSITY, MAINZ, GERMANY, KYOTO UNIVERSITY, JAPAN, LAURENTIAN UNIVERSITY, SUDBURY, ONTARIO, CANADA, LIFE SCIENCES RESEARCH INSTITUTE, HALIFAX, NOVA SCOTIA, CANADA, MCMASTER UNIVERSITY, HAMILTON, ONTARIO.</p>

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Return Reference	Explanation
JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS -	, CANADA, NATIONAL UNIVERSITY, SEOUL, SOUTH KOREA, OSAKA UNIVERSITY, JAPAN, RUDJER BOSKOVI C INSTITUTE, ZAGREB, CROATIA, SUN YAT-SEN UNIVERSITY, GUANGZHOU, CHINA, TATA INSTITUTE FOR FUNDAMENTAL RESEARCH, HYDERABAD, INDIA, TELETHON INSTITUTE OF GENETICS AND MEDICINE, NAPL ES, ITALY, UNIVERSIDAD AUSTRAL, BUENOS AIRES, ARGENTINA, UNIVERSIDAD NACIONAL AUTONOMA DE MEXICO, COYOACAN, MEXICO, UNIVERSIDAD NACIONAL AUTONOMA DE MEXICO, PUERTO MORALES, MEXICO, UNIVERSIDADE DE SAO PAULO, BRAZIL, UNIVERSITAT POMPEU FABRA, BARCELONA, SPAIN, UNIVERSITE PIERRE ET MARIE CURIE, PARIS, FRANCE, UNIVERSITY OF AUCKLAND, NEW ZEALAND, UNIVERSITY OF CAPE TOWN, SOUTH AFRICA, UNIVERSITY OF EDINBURGH, UK, UNIVERSITY OF MODENA AND REGGIO EMIL IA, ITALY, UNIVERSITY OF OSLO, NORWAY, UNIVERSITY OF OTAGO, DUNEDIN, NEW ZEALAND, UNIVERSI TY OF OXFORD, UK, UNIVERSITY OF TOKYO, CHIBA, JAPAN, UNIVERSITY OF TORONTO, ONTARIO, CANAD A, UNIVERSITY OF WARWICK, COVENTRY, UK, WUHAN UNIVERSITY, HUBEI, CHINA, AND ZHEJIANG UNIVE RSITY, HANGZHOU, CHINA

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As Filed Data -

DLN: 93493227001149

SCHEDULE D

(Form 990)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number

20-2993509

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

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

6

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 7.

1

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

2

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

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

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

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

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)?

☐ Yes

☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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, 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

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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	550,240	626,653	39,191	0	
b Contributions	75,000	100,000	661,216	100,000	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	504,519	176,413	73,754	60,809	
f Administrative expenses					
g End of year balance	120,721	550,240	626,653	39,191	

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 ▶ 100 000 %

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)		No
3a(ii)		No
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		3,400,000		3,400,000
b Buildings		231,225,087	109,269,313	121,955,774
c Leasehold improvements				
d Equipment		92,976,115	77,602,753	15,373,362
e Other		349,729		349,729
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				141,078,865

Schedule D (Form 990) 2018

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) ANNUITY REC FROM AFFILIATE	90,228,155
(2) OTHER RECEIVABLES	226,173
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	90,454,328

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	0
ADVANCES FROM AFFILIATES	8,117,191
PAYABLE FOR GIFT ANNUITY	88,215,812
PAYABLE TO GSSIMR	1,969,598
COMPENSATION EXCISE TAX	75,000
UBIT PAYABLE RELATED TO DISALLOWED	22,169
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	98,399,770

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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included 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 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

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 XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-2993509
Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	The endowment is from a single donor to contribute funding towards an established lecture series program where SIMR hosts science speakers from other research institutions and universities to encourage collaborative science opportunities with top scientists from around the world

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 50% LIKELY OF BEING REALIZED

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number
20-2993509

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET KANSAS CITY, MO 64110	46-4588696	501(C)(3)		975,000	FMV	F I SECURITIES	SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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
SCHEDULE I, PART I, LINE 2 AND PART II, LINE 1	SIMR CONTRIBUTES ANNUAL FUNDING TO FINANCE THE GRADUATE SCHOOL OF THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("GSSIMR") GSSIMR'S EXEMPT PURPOSE IS TO PROVIDE GRADUATE EDUCATION THAT WILL PREPARE SCHOLARS FOR SCIENTIFIC RESEARCH IN THE BIOLOGICAL SCIENCES GSSIMR OFFERS A RESEARCH-BASED PH D DEGREE IN BIOLOGY AND OTHER INSTRUCTION PROGRAMS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number
20-2993509

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b Yes

2 Yes

4a No

4b No

4c No

5a No

5b No

6a No

6b No

7 No

8 No

9

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.

See Additional Data Table

Schedule J (Form 990) 2018

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
PART I, LINE 1A	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.
PART I, LINE 1B	SIMR PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PURSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WERE APPROVED BY SIMR'S GOVERNING BOARD. SEE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15, FOR ADDITIONAL PROCESSES RELATED TO DETERMINING EXECUTIVE COMPENSATION.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number
20-2993509

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIA ZEITLINGER PhD	SEE PART V	148,607	EMPLOYEE OF SIMR		No
(2) LEANNE WIEDEMANN PhD	SEE PART V	223,625	EMPLOYEE OF SIMR		No

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 M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
STOWERS INSTITUTE FOR MEDICAL RESEARCH

Employer identification number
20-2993509

Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	3	80,100,000	FAIR MARKET VALUE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

No

31

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

b If "Yes," describe in Part II

33

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

Part II **Supplemental Information.**

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493227001149
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH		Employer identification number 20-2993509	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>THE STOWERS INSTITUTE FOR MEDICAL RESEARCH PERFORMS MEDICAL RESEARCH IN THE PUBLIC INTEREST WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF FUNDAMENTAL PROCESSES IN LIVING CELLS AND IMPROVING LIFE'S QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PREVENTION OF DISEASE. FORM 990, PART III, LINE 4: SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT END OF SCHEDULE O. FORM 990, PART VI, LINE 2: VIRGINIA G. STOWERS, JONATHAN THOMAS, RICHARD W. BROWN, DAVID A. WELTE, DAVID M. CHAO, AND ALBERZINE FREEMAN, ALL DIRECTORS 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, DIRECTORS 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. FORM 990, PART VI, LINE 11B: THE DATA AND INFORMATION NECESSARY TO PREPARE SIMR'S FORM 990 WAS COMPILED BY SIMR'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY OUR TAX ATTORNEY AT BRYAN CAVE LEIGHTON PAISNER, LLP, PRICEWATERHOUSECOOPERS ("PWC"). OUR EXTERNAL TAX PREPARERS, USE THIS INFORMATION TO PREPARE THE FORM 990. THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS REVIEWED BY THE OFFICERS OF SIMR BEFORE IT IS FILED WITH THE IRS. AFTER THE PREPARATION AND REVIEW PROCESS DESCRIBED ABOVE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S BOARD BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, LINE 12C: SIMR HAS ADOPTED A "CONFLICTS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY." EACH DIRECTOR, OFFICER, AND OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISIONS OF SIMR (EACH, A "COVERED PERSON") ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN A DISCLOSURE STATEMENT THAT IS PART OF THE POLICY. ALSO, A COVERED PERSON MUST DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT AND ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS OR GOVERNANCE COMMITTEE AS SOON AS THE PERSON HAS KNOWLEDGE THAT A POTENTIAL CONFLICT MIGHT EXIST. PER THE POLICY, THE BOARD OF DIRECTORS OR GOVERNANCE COMMITTEE THEN REVIEWS THE DISCLOSURE TO DETERMINE WHETHER A CONFLICT EXISTS. AFTER THE COVERED PERSON MAKES THE RELEVANT DISCLOSURE, THEY ARE RECUSED AND MAY NOT PARTICIPATE IN THE DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION. SIMR ALSO CONDUCTS PERIODIC AND ADHOC REVIEWS OF TRANSACTIONS AND AGREEMENTS TO ENSURE THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT ARE NOT CONSISTENT WITH ITS TAX-EXEMPT PURPOSE. FORM 990, PART VI, LINES 15A: THE COMPENSATION FOR DAVID CHAO, THE PRESIDENT AND CEO OF SIMR, WAS ESTABLISHED PURSUANT TO THE PROCEDURES OF TREAS. REG. SECTION 53.4958-6, INCLUDING (1) REVIEW AND APPROVAL BY SIMR'S COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS, (2) RELYING ON COMPARABILITY DATA, INCLUDING DATA PREPARED BY A NATIONALLY KNOWN COMPENSATION CONSULTANT REG.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>ARDING COMPARABLE SALARY AND BENEFITS FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING OF THE DELIBERATION AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT THIS PROCESS WAS LAST UNDERTAKEN IN 2016 FORM 990, PART VI, LINE 19 SIMR'S GOVERNING 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 RELATED ORGANIZATIONS DISCLOSED IN SCHEDULE R THESE SERVICES ARE PERFORMED IN THEIR ROLE AS SIMR EMPLOYEES AND SIMR IS REIMBURSED BY THE RELATED ORGANIZATIONS FORM 990, PART VII, SECTION B SIMR RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS (ACI) ACI IS A WHOLLY OWNED SUBSIDIARY OF AMERICAN CENTURY COMPANIES, INC (ACCI) IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SIMR NOT ONLY SELECTED A HIGH QUALITY MUTUAL FUND COMPANY WITH AN OUTSTANDING TRACK RECORD, BUT ALSO PLACED ITS LIQUID INVESTMENTS IN A COMPANY IN WHICH IT OWNS STOCK AND RECEIVES DIVIDENDS SIMR PAYS ACI THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH INVESTOR THOSE INVESTMENT FEES FOR A SHARED INVESTMENT POOL ARE PAID BY ITS SUPPORTING ORGANIZATION, SRM FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING CHANGE IN ANNUITY RECEIVABLE, NET (262,565)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	<p>2018 PROGRAM SERVICE ACCOMPLISHMENTS THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") IS A PRIVATE, NONPROFIT MEDICAL RESEARCH ORGANIZATION. SIMR WAS FOUNDED IN 1994 BY JIM AND VIRGINIA STOWERS, WHO EACH SURVIVED A BOUT WITH CANCER AND SUBSEQUENTLY DEDICATED THEIR FORTUNE TO SUPPORTING BASIC RESEARCH IN CELL AND MOLECULAR BIOLOGY THAT WILL PROVIDE LONG-TERM SOLUTIONS TO HUMAN DISEASES. SIMR CONDUCTS BASIC BIOMEDICAL RESEARCH IN THE PUBLIC INTEREST THAT WILL ULTIMATELY PROVIDE A GREATER UNDERSTANDING OF THE GENES AND PROTEINS THAT CONTROL HOW CELLS IN OUR BODIES MULTIPLY, FORM TISSUES, AND DIE. STUDYING THE BASIC BIOLOGY OF CELLS ENABLES SCIENTISTS TO DISCOVER HOW GENES CAUSE MANY DISEASES, INCLUDING CANCER, BIRTH DEFECTS, AND DEMENTIA. HISTORY HAS SHOWN THAT BASIC MEDICAL RESEARCH IS OFTEN A KEY FIRST STEP IN THE DEVELOPMENT OF NEW TREATMENTS, CURES, AND PREVENTIONS FOR MANY HUMAN DISEASES. 2018 NOTABLE RESEARCH RESULTS IN 2018, SIMR RESEARCH TEAMS MADE DISCOVERIES WORTH PUBLICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS - 65 ORIGINAL RESEARCH PAPERS IN ALL. SIMR RESEARCH TEAMS ALSO PRODUCED 36 OTHER PUBLICATIONS INCLUDING REVIEWS, COMMENTARIES, BOOK CHAPTERS, AND BOOKS. SOME OF THE HIGHLIGHTS AMONG PAPERS PUBLISHED IN 2018 INCLUDE THE ROHNER LAB PUBLISHED A STUDY DESCRIBING HOW CAVEFISH HAVE ADAPTED TO THEIR EXTREME ENVIRONMENTS AND HOW THEIR METABOLISM IS DIFFERENT FROM SURFACE FISH, WHICH MAY BE RELEVANT FOR UNDERSTANDING METABOLISM-RELATED CONDITIONS IN HUMANS. THE FINDINGS SUGGEST HOW CAVEFISH HAVE ACQUIRED BIOLOGICAL MECHANISMS TO COMPENSATE FOR DETRIMENTAL EFFECTS OF HIGH BLOOD SUGAR LEVELS, WHICH ARE CHARACTERISTIC OF SOME HUMAN METABOLIC DISORDERS SUCH AS DIABETES. THE STUDY WAS CONDUCTED JOINTLY WITH COLLABORATING RESEARCHERS FROM HARVARD MEDICAL SCHOOL AND THE REPORT WAS PUBLISHED ONLINE MARCH 21, 2018, IN NATURE. THE LI AND KRUMLAUF LABS FOUND EVIDENCE THAT A KEY REGULATORY ELEMENT CALLED RARE CONTROLS HOXB GENE CLUSTER EXPRESSION IN HEMATOPOIETIC, OR BLOOD-FORMING, STEM CELLS (HSCS). HOX GENES PLAY A CRITICAL ROLE IN MAINTAINING NORMAL HSCS, AND THEIR ABNORMAL EXPRESSION CREATES A RISK OF FORMING LEUKEMIA. UNDERSTANDING THIS REGULATORY MECHANISM OF THE HOXB CLUSTER PROVIDES INSIGHT FOR ENHANCING HSC FUNCTION AND FINDING DRUGS TO TARGET ACUTE MYELOID LEUKEMIA (AML). THE STUDY WAS PUBLISHED ONLINE MAY 3, 2018, IN CELL STEM CELL. THE SANCHEZ ALVARADO LAB PERFORMED A STUDY THAT CAPTURED THE ELUSIVE CELL THAT CAN REGENERATE AN ENTIRE FLATWORM. OVER A CENTURY AGO, SCIENTISTS TRACED THE REGENERATIVE PROPERTIES OF THE FRESHWATER FLATWORM KNOWN AS PLANARIA TO A SPECIAL POPULATION OF ADULT STEM CELLS CALLED NEOBLASTS. BUT UNTIL RECENTLY, THEY LACKED THE TOOLS NECESSARY TO HOME IN FURTHER ON THE INDIVIDUAL CELLS TRULY CAPABLE OF REGENERATION. THE STOWERS STUDY COMBINED GENOMICS, SINGLE-CELL ANALYSIS, AND IMAGING TO ISOLATE THIS ELUSIVE CELL AND IDENTIFY A CELL-SURFACE MOLECULE CALLED TSPAN-1 THAT CAN BE USED TO PURIFY REGENERATIVE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	<p>E NEOBLASTS FROM SIMILAR CELL TYPES THESE FINDINGS, PUBLISHED IN THE JUNE 14, 2018, ISSUE OF CELL, HAVE IMPORTANT IMPLICATIONS FOR ADVANCING THE STUDY OF STEM CELL BIOLOGY AND REGENERATIVE MEDICINE THE HALFMANN LAB DEVELOPED A NEW TECHNIQUE THAT MEASURES A PROPERTY OF PRION PROTEINS AS THEY TRANSFORM INTO DIFFERENT SHAPES THAT "INFECT" OTHER PROTEINS, A PROCESS THAT SOMETIMES DISRUPTS NORMAL FUNCTIONS OF THE PROTEIN A PRION PROTEIN WILL SOMETIMES TRANSFORM ITSELF INTO A DIFFERENT SHAPE THAT CAUSES OTHER PROTEINS TO ADOPT THE ALTERNATE SHAPE IN SOME CELLS AND TISSUES, PRION ACCUMULATIONS LEAD TO DISEASE IN OTHER CELLS, HOWEVER, PRION SELF-ASSEMBLIES ARE ESSENTIAL FOR THEIR NORMAL FUNCTIONS IN THE STUDY, RESEARCHERS IDENTIFIED A PHYSICAL BASIS FOR THE TRANSFORMATION AND DEVELOPED A NEW TECHNIQUE CALLED DISTRIBUTED AMPHIFLUORIC FRET THAT MEASURES NUCLEATION - THE FIRST STEP IN THE TRANSFORMATION - IN LIVING CELLS THE ASSAY CAN DISTINGUISH BETWEEN PROTEINS THAT EXHIBIT PRIOR BEHAVIOR AND THOSE THAT DO NOT THIS APPROACH MAY HELP RESEARCHERS UNDERSTAND MORE ABOUT PRIONS ASSOCIATED WITH DISEASES AS WELL AS PRIONS INVOLVED IN NORMAL BIOLOGICAL PROCESSES THE STUDY WAS PUBLISHED IN THE JULY 5, 2018, ISSUE OF MOLECULAR CELL THE KULESA LAB CREATED A LOGIC-BASED MODEL THAT PREDICTED THE FAVORABLE OR UNFAVORABLE OUTCOMES OF VERY YOUNG NEUROBLASTOMA PATIENTS WITH GREATER ACCURACY THAN CURRENT METHODS OF PREDICTING OUTCOME S NEUROBLASTOMA, THE MOST DEADLY CANCER FOR INFANTS AND CHILDREN YOUNGER THAN TWO YEARS OF AGE, IS DIFFICULT TO DIAGNOSE AND TREAT TO IMPROVE THE CHANCES FOR SURVIVAL, SCIENTISTS HAVE BEEN SEARCHING FOR WAYS TO BETTER UNDERSTAND THE CELLULAR MECHANISMS OF WHAT CAUSES NEUROBLASTOMA AND HOW IT PROGRESSES TO DEVELOP THE NEW MODEL, THE RESEARCHERS ANALYZED PUBLISHED RESEARCH ON MOLECULAR SIGNALS IMPORTANT IN DEVELOPMENT AND ALSO IMPLICATED IN NEUROBLASTOMA THIS WORK, PUBLISHED IN THE JULY 2018 ISSUE OF BIOPHYSICAL CHEMISTRY, DEMONSTRATES THE ABILITY OF SUCH MODELS TO PREDICT DISEASE OUTCOMES AND OFFER A BETTER UNDERSTANDING OF MOLECULAR NETWORK INTERACTIONS IN DISEASE THE LI LAB DISCOVERED THAT REDUCING THE FUNCTION OF A PROTEIN IN HUMAN UMBILICAL CORD ADULT BLOOD-FORMING STEM CELLS ALLOWED THOSE CELLS TO EXPAND CURRENTLY, THERE'S A LARGE GAP BETWEEN THE NUMBER OF PATIENTS WHO NEED BONE MARROW AND UMBILICAL CORD BLOOD ADULT STEM CELL TRANSPLANTS AND THE NUMBER OF TRANSPLANT UNITS AVAILABLE FOR USE THIS GAP IS DUE TO THE LOW RATE OF MATCH BETWEEN BONE MARROW DONORS AND POSSIBLE HOSTS, AND THE AMOUNT OF HUMAN UMBILICAL CORD ADULT STEM CELLS NEEDED TO TREAT ONE ADULT PATIENT THE RESEARCHERS' FINDINGS, PUBLISHED ONLINE JULY 31, 2018, IN CELL RESEARCH, COULD PROVIDE AN APPROACH FOR BRIDGING THE ADULT BLOOD-FORMING STEM CELL TREATMENT GAP FOR CONDITIONS LIKE LEUKEMIA, BLOOD DISORDERS, IMMUNE SYSTEM DISEASES, AND OTHER TYPES OF CANCERS, AND MAY ALSO BE MORE BROADLY APPLICABLE TO OTHER TYPES OF ADULT STEM CELLS THE GIBSON LAB PROVIDED A N</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	<p>EW VIEW INTO THE EVOLUTIONARY HISTORY OF SOME OF THE GENES INVOLVED IN THE DETERMINATION OF ANIMAL BODY PLANS. THE FINDINGS REVEAL CLUES ABOUT ANCESTRAL FUNCTIONS OF HOX GENES, WHICH ARE KNOWN TO BE IMPORTANT REGULATORS OF BODY PLAN LAYOUT FOR ORGANISMS SUCH AS SPIDERS, FISH, DOGS, AND HUMANS THAT HAVE ROUGHLY SYMMETRICAL RIGHT AND LEFT SIDES ABOUT A HEAD-TO-TAIL AXIS. THE RESEARCHERS STUDIED HOX GENE FUNCTION IN THE STARLET SEA ANEMONE, WHICH IS A MEMBER OF A GROUP OF RADIALLY SYMMETRIC ANIMALS THAT ALSO INCLUDES JELLYFISH AND CORALS. USING GENE KNOCKDOWN TECHNOLOGY, THE RESEARCHERS REPORTED EVIDENCE THAT HOX GENE FUNCTION IS IMPORTANT IN REGULATING THE SEA ANEMONE BODY PLAN DURING DEVELOPMENT AND SPECULATE THAT A PRIMITIVE "HOX CODE" MAY HAVE BEEN CO-OPTED FOR USE IN HEAD-TO-TAIL BODY PATTERNING BY BILATERALLY SYMMETRICAL ANIMALS. THESE FINDINGS, REPORTED IN THE SEPTEMBER 28, 2018, ISSUE OF SCIENCE, GIVE RESEARCHERS A BETTER UNDERSTANDING OF THE EVOLUTION OF DEVELOPMENTAL PROCESSES. THE YU LAB SHOWED THAT A NEWLY DISCOVERED GROUP OF "NAVIGATOR NEURONS" MAY HOLD THE KEY TO UNDERSTANDING THE NEURAL CIRCUITRY BEHIND OUR SENSE OF SMELL. THE STUDY BUILDS ON A BREAKTHROUGH 2014 REPORT FROM THE YU LAB THAT SHOWED A CRITICAL PERIOD IN OLFACTORY WIRING. GLITCHES IN THE WIRING AFFECT HOW SCENTS ARE PERCEIVED. YU AND HIS COLLEAGUES FOUND THAT IN MICE, THERE'S A BRIEF WINDOW TO FIX PROBLEMS - ABOUT A WEEK AFTER MICE ARE BORN. IN THEIR FOLLOW-UP REPORT, THE RESEARCHERS DETAILED THE SURPRISE DISCOVERY OF A GROUP OF OLFACTORY SENSORY NEURONS, OR "NAVIGATOR" NEURONS, THAT PLAY AN ESSENTIAL ROLE IN ESTABLISHING THE OLFACTORY MAP, A KIND OF CODE BOOK FOR THE SCENTS WE ENCOUNTER. THE NAVIGATOR NEURONS ALSO CORRECT FAULTY WIRING THAT CAN IMPAIR THE SENSE OF SMELL BECAUSE NAVIGATOR NEURONS LOOK IDENTICAL AND FUNCTION THE SAME AS OTHER NEURONS, THE RESEARCHERS CREATIVELY EMPLOYED A VARIETY OF APPROACHES AND TECHNOLOGIES, SOME THEY DEVELOPED THEMSELVES, TO FINALLY PINPOINT THEM. LEARNING MORE ABOUT NAVIGATOR NEURONS COULD HOLD PROMISE FOR REGENERATING AND REPAIRING OLFACTORY NEURONS AND NEURONS IN OTHER TYPES OF NEURAL SYSTEMS, SUCH AS THOSE INVOLVED IN SPINAL CORD INJURY. THE FINDINGS WERE PUBLISHED ONLINE OCTOBER 25, 2018, IN NEURON. COMPREHENSIVE LISTS OF 2018 ORIGINAL RESEARCH PAPERS, REVIEWS, COMMENTARIES, CHAPTERS, AND BOOKS ORIGINAL RESEARCH PAPERS 1. THE ULK1-FBXW5-SEC23B NEXUS CONTROLS AUTOPHAGY. JEONG YT, SIMONESCHI D, KEEGAN S, MELVILLE D, ADLER NS, SARAF A, FLORENS L, WASHBURN MP, CAVASOTTO CN, FENYO D, CUERVO AM, ROSSI M, PAGANO M. ELIFE. 2018;7:42253. DOI: 42210.47554/E LIFE 42253. 2. THE H/ACA COMPLEX DISRUPTS RNA TRIPLEX IN HTR PRECURSOR TO PERMIT PROCESSING BY RRP6 AND PARN. TSENG CK, WANG HF, SCHROEDER MR, BAUMANN P. NAT COMMUN. 2018;9:5430. DOI: 5410.1038/S41467-41018-07822-41466. 3. ORIGIN, COMPOSITION, AND STRUCTURE OF THE SUPER NUMERARY B CHROMOSOME OF DROSOPHILA MELANOGASTER. HANLON SL, MILLER DE, ECHE S, HAWLEY RS. GENETICS. 2018;210:1197-1212.</p>

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227001149			
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations and Unrelated Partnerships				OMB No 1545-0047	
		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				2018	
						Open to Public Inspection	
Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH					Employer identification number 20-2993509		

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
(1)STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-5916445	SUPPORT ORG	DE	501(C)(3)	12A-TYPE I	SIMR	Yes	
(2)STOWERS RESOURCE MANAGEMENTINC 1000 EAST 50TH STREET KANSAS CITY, MO 64110 41-2186719	SUPPORT ORG	DE	501(C)(3)	12A-TYPE I	SIMR	Yes	
(3)BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET KANSAS CITY, MO 64110 74-3238244	SUPPORT ORG	DE	501(C)(3)	12A-TYPE I	SIMR	Yes	
(4)STOWERS REAL ESTATE HOLDING CORPORATION 1000 EAST 50TH STREET KANSAS CITY, MO 64110 26-1472230	TITLE HOLDING	DE	501(C)(2)	N/A	SRM	Yes	
(5)STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-3270502	SEE PART VII	DE	501(C)(4)	N/A	SIMR	Yes	
(6)THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET KANSAS CITY, MO 64110 46-4588696	EDUCATION	MO	501(C)(3)	2	SIMR	Yes	

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
(1) BIOMED VALLEY DISCOVERIESINC 1000 EAST 50TH STREET KANSAS CITY, MO 64110 06-1646533	SEE PART VII	DE	BVC	C CORP	0	0		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

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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
See Additional Data Table

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

Schedule R (Form 990) 2018

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)

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
PART IV, LINE (1), COLUMN B	BIOMED VALLEY DISCOVERIES, INC 'S ('BVD') PRIMARY ACTIVITY IS DEVELOPMENT AND MARKETING OF SCIENTIFIC DISCOVERIES BIOMED VALLEY CORPORATION IS THE 100% SHAREHOLDER OF BVD

Return Reference	Explanation
PART V, LINE 2 (1)BVD	TYPE A, 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 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)

Return Reference	Explanation
PART V, LINE 2 (2)GSSIMR	TYPE B, SIMR MADE CONTRIBUTIONS TO GSSIMR

Return Reference	Explanation
PART V, LINE 2 (3)SRM	TYPE C, 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
PART V, LINE 2 (4)SREHC	TYPE K, SIMR ENTERED INTO A LEASE EFFECTIVE JANUARY 1, 2009 WITH SREHC, A 501C)(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 2018

Return Reference	Explanation
PART V, LINE 2 (5)SRM	TYPE P, 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
PART V, LINE 2 (6)GSSIMR	TYPE P, SIMR REIMBURSED GSSIMR FOR CERTAIN STUDENT EXPENSES INCURRED DURING TIME SPENT IN SIMR LABS

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

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

Return Reference	Explanation
PART V, LINE 2 (9)GSSIMR	TYPE R, EACH ACADEMIC YEAR, SIMR PROVIDES GSSIMR WITH AN APPROPRIATION BASED ON A PER CAPITA FUNDING FORMULA RELATED TO THE NUMBER OF ACTIVELY ENROLLED PREDOCTORAL RESEARCHERS AT GSSIMR

Return Reference	Explanation
PART V, LINE 2 (10)	ALL OTHER TRANSACTIONS FOR LINE 1 WERE BETWEEN 501(C)(3) PUBLIC CHARITIES AND BELOW REPORTING THRESHOLDS



Additional Data

Software ID:

Software Version:

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BIOMED VALLEY DISCOVERIES INC	A	15,001	MARKET VALUE
(1)	THE GRADUATE SCHOOL OF SIMR	B	975,000	MARKET VALUE
(2)	STOWERS RESOURCE MANAGEMENT INC	C	80,000,000	MARKET VALUE
(3)	STOWERS REAL ESTATE HOLDING CORP	K	2,230,551	MARKET VALUE
(4)	STOWERS RESOURCE MANAGEMENT INC	P	20,837,409	COST REIMB
(5)	THE GRADUATE SCHOOL OF SIMR	P	966,878	COST REIMB
(6)	BIOMED VALLEY DISCOVERIES INC	P	326,650	COST REIMB
(7)	BIOMED VALLEY DISCOVERIES INC	Q	671,281	COST REIMB
(8)	THE GRADUATE SCHOOL OF SIMR	R	1,276,000	MARKET VALUE
(9)	SEE PART VII FOR ADDITIONAL INFORMATION			