DLN: 93493230032500 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable STOWERS INSTITUTE FOR MEDICAL RESEARCH ☐ Address change 20-2993509 ☐ Name change % KATY GRAHAM ☐ Initial return Doing business as ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 1000 EAST 50TH STREET ☐ Application pending (816) 926-4000 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO  $\,$  64110  $\,$ G Gross receipts \$ 168,628,194 Name and address of principal officer H(a) Is this a group return for DAVID M CHAO □Yes ☑No subordinates? 1000 EAST 50TH STREET H(b) Are all subordinates KANSAS CITY, MO 64110 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW STOWERS ORG L Year of formation 2005 M State of legal domicile DE K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SIMR'S EXEMPT PURPOSE IS TO PERFORM MEDICAL RESEARCH IN THE PUBLIC INTEREST WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF THE FUNDAMENTAL PROCESSES OF LIVING CELLS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 3 Number of independent voting members of the governing body (Part VI, line 1b) 374 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 3 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 85,419,816 69,501,308 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 256,571 174,675 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 739,516 2,937,748 835,747 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 108,655 86,524,558 73,449,478 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 975,000 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 34,934,899 36,569,659 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 50,028,333 55,133,761 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 85,938,232 91,703,420 19 Revenue less expenses Subtract line 18 from line 12 . 586,326 -18,253,942 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 335,909,539 312,071,612 101,229,740 21 Total liabilities (Part X, line 26) . 106,170,867 22 Net assets or fund balances Subtract line 21 from line 20 . 210,841,872 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-12 Signature of officer Sign Here DAVID M CHAO PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-08-11 P00755304 Paid self-employed Firm's name PRICEWATERHOUSECOPPERS LLP Firm's EIN ▶ **Preparer** Use Only Firm's address ▶ 600 13TH ST NW STE 1000 Phone no (202) 414-1000 WASHINGTON, DC 20005 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the	organization's mission				
SEE S	SCHEDULE O					
2	Did the organization	undertake any significa	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or n	nake significant	changes in how it condu	ıcts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) ar		ons are required	to report the amount o	largest program services, as measu f grants and allocations to others, t	
4a	(Code	) (Expenses \$	82,661,647	ıncludıng grants of \$	) (Revenue \$	174,675 )
	See Additional Data					. ,
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
		(5)				
4d		ices (Describe in Sched	•	<b>.</b>	) (Payanua d	,
	(Expenses \$		luding grants of	•	) (Revenue \$	,
4e	Total program ser	vice expenses ►	82,661,6	4/		Form <b>990</b> (2019)

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 No 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 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 No 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 No 9

- 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 🛸 . . . . . . . . . . .
- Yes 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 Yes 11a
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No
- 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . . . 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 Yes 11d
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes 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 12a Nο
  - Yes
  - b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦
    - 13
  - Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a
- Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,
  - 14b
  - business, investment, and program service activities outside the United States, or aggregate foreign investments
  - Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

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

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

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

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

Did the organization report 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 . . . . . .

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

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

No No 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

Nο

No

Nο

Nο

No

Nο

Form **990** (2019)

16

17

18

19

20a

20h

21

rm	990 (2019)			Page
Par	Checklist of Required Schedules (continued)			
			Yes	No
2	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
3	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	
a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
•	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
,	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III"	27		No
	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
ı	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	36		No	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
a	statements Regarding Other IRS Filings and Tax Compliance			_
_	Check if Schedule O contains a response or note to any line in this Part V	• ;		<u> </u>
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   31		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 31  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			l
•	Enter the number of Forms W 20 included in line to Enter 10" if not applicable   10		'	4

orm	990 (2019)			Page <b>5</b>
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  If "Yes," enter the name of the foreign country	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 
	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).	_		
	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?			No 
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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?	15	Yes	
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	16		No
			orm 00	0 (2019)

Form	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	organization's maining address. If res, provide the names and addresses in Schedule O			110
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue		∍.)	110
Se			e.) Yes	No
10a	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule 0 the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10a 10b 11a 12a	Yes Yes Yes Yes	No

0	Did the organization have members or stockholders?	0		INO
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	9.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		
Se	ction 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) 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

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

✓

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

organization and any related organizations

L Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
( <b>A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne bo oth a direct	ox, un of tor/t	t che unles ficer trust		son	( <b>D</b> )  Reportable  compensation  from the  organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) RICHARD W BROWN DIRECTOR/CHAIR	2 0 46 0	X		х				0	2,543,498	61,830
(2) RODERICK L STURGEON DIRECTOR/CFO	2 0	Х		х				0	1,704,983	64,605
(3) DAVID A WELTE DIRECTOR/SECRETARY	2 0 48 0	X		х				0	1,425,034	70,740
(4) DAVID M CHAO DIRECTOR/PRESIDENT/CEO	40 0	Х		x				1,370,171	0	43,446
(5) ROBERT E KRUMLAUF - T DIR/SCIENTIFIC DIR EMERITUS	40 0	Х						631,407	0	63,105
(6) BRENT KREIDER CHIEF OPERATING OFFICER	2 0 40 0			х				0	616,652	25,223
(7) R SCOTT HAWLEY INVESTIGATOR	40 0					x		372,647	0	61,908
(8) JERRY L WORKMAN INVESTIGATOR	40 0					x		373,543	0	54,043
(9) JOAN W CONAWAY INVESTIGATOR	40 0					×		311,126	0	61,863
(10) RONALD C CONAWAY INVESTIGATOR	40 0					x		313,193	0	43,446
(11) LINHENG LI INVESTIGATOR	40 0					x		276,038	0	42,317
(12) ALEJANDRO SANCHEZ ALVA DIR/SCIENTIFIC DIR FROM 7/2019	40 0	Х						154,210	0	16,751
(13) VIRGINIA G STOWERS DIRECTOR	2 0	Х						0	0	0
(14) ALBERZINE FREEMAN DIRECTOR	2 0	х						0	0	0
(15) JONATHAN THOMAS DIRECTOR	2 0	Х						0	0	0
						!				

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (B) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and MISC) MISC) organizations related

below dotted director	organizations			
below dotted playee  y employee stitutional Trustee director	ŕ			
below dotted line director	,			
plovee provee personal fusive plovee provee	mer			
ol Trustee	thest compensated player			
ial Truste	) employee			
trustae	tional Truste			
	SC TO GLOSI			
	below dotted line)			
				_

1b Sub-Total			 -	 •			•
c Total from continuation sheets to Pa	art VII, Section	Α		<b>&gt;</b>			
d Total (add lines 1b and 1c)				▶	3,802,335	6,290,167	609,277

1b Sub-Total				•			
c Total from continuation sheets to Pa	art VII, Section	Α.		▶[			
d Total (add lines 1b and 1c)				▶	3,802,335	6,290,167	609,277

с 1	otal from continuation sheets to Part VII, Section A		•			
d 7	otal (add lines 1b and 1c)		▶	3,802,335	6,290,167	609,277
2	Total number of individuals (including but not limited to those listed of reportable compensation from the organization ► 47	above)	wh	o received more than	\$100,000	

d Total (add lines 1b and 1c)	c ·	otal from continuation sheets to Part VII, Section A	▶							
	d Total (add lines 1b and 1c)									
	2		e) wh	io received more than	\$100,000					

	· · · · · · · · · · · · · · · · · · ·				
d	Total (add lines 1b and 1c)	3,802,335	6,290,167		609,277
2	Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization $\blacktriangleright$ 47	who received more than	\$100,000		
				Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employ	ee, or highest compensa	ted employee on		

d	Total (add lines 1b and 1c)	▶	3,802,335	6,2	90,167			609,277
2	Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization $\blacktriangleright$ 47	wh	o received more than	\$100,000				
							Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employ line 1a? <i>If "Yes," complete Schedule J for such individual</i>		•		on	3		No
4	For any individual listed on line 1a is the sum of reportable compensation a	nd	other compensation f	rom the				

d 1	「otal (add lines 1b and 1c)	6,290,167	7		609,277	
2	Total number of individuals (including but not limited to those listed above) who received reportable compensation from the organization $\blacktriangleright$ 47	ed more than	\$100,000			
					Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highline 1a? <i>If "Yes," complete Schedule J for such individual</i>			3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other co	ompensation fr	om the			

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 $\triangleright$ 47							
			Yes	No				
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.							

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

Inne 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		line 1a <sup>7</sup> If "Yes," complete Schedule J for such individual	3		No
	4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	4	Yes	
	5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_		No

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or in services rendered to the organization? If "Yes," complete Schedule J for such person		5		No	
Se						
1	Complete this table for your five highest compensated independent contractors that received more the from the organization. Report compensation for the calendar year ending with or within the organization.		pensa	ition		
	(A) (B)					

S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		sation
	(A) Name and business address	(B) Description of services	(C) Compensation
ETC	GROUP LLC,	SOFTWARE DEVEL SRVCS	242,840

Name and business address	Description of services	Compensation
ETC GROUP LLC,	SOFTWARE DEVEL SRVCS	242,840
1997 S 1100 E		
SALT LAKE CITY, UT 84106		
AMERICAN CENTURY INVESTMENTS,	INDIRECT - SEE SCH O	169,000
4500 MAIN ST		'

AMERICAN CENTURY INVESTMENTS, 4500 MAIN ST	INDIRECT - SEE SCH O	169,00
KANSAS CITY, MO 64111		

Form 990 (2019)

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 ▶ 2

Part		-	Statement	of R	Revenue						Page 9
			_			respo	nse or note to any	line in this Part VIII			🗆
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1	.a	Federated campa	igns		1a			revenue		1 312 311
unts		b	Membership dues	s .	. [	<b>1</b> b					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising even	ts .	. [	1c					
		d	Related organiza	tions	; <u> </u>	1d	63,100,000				
		e	Government grants	(cont	tributions)	1e	5,608,271				
		f	All other contribution and similar amounts	ns, g	ıfts, grants,						
			above		L	1f	793,037				
를통		g	Noncash contributio	ns in		1g	63,100,000				
in de		h	Total. Add lines	1a-1	_	<del>-9</del>	•				
<u> </u>	_						Business Code	69,501,308			
	2	<b>a</b> 0	COLLABORATION FEE	FRO	M HHMI 501(C	(3)		174,675	174,675		
3	_	u -					900099				
Ven	ı	- Ь									
æ		-									
MCE	•	c _									
Program Service Revenue		d									
ranı		-									
₹og	•	e _									
<u>a</u>	1	f A	All other program	serv	ice revenue						
	ç	, .	<b>Total.</b> Add lines 2	2a-2	f	<b>▶</b>	174,675				
					ludıng dıvıdeı	nds, ır	nterest, and other	1.654.053			1 654 052
			nılar amounts)  . Icome from invest		 t of tay over		and proceeds	<u> </u>			1,654,052
			oyalties			ipt bo	ond proceeds				775,726
			,		(ı) Real		(II) Personal				
	-			ا۔ءا		F 204		7			
			Gross rents Less rental	6a		15,304		-			
	י		expenses	6b	:	5,304					
	С		Rental income or (loss)	6c		0		0			
			Net rental income	or (	(loss)		· · · <b>&gt;</b>				
					(ı) Securit	ies	(II) Other		_		
	7		Gross amount rom sales of	7a	96.34	10,208	106,90	0			
		a	ssets other han inventory		30,3	10,200	100,50				
	b	L	ess cost or		25.04			_			
			other basis and sales expenses	7b	95,08	36,631	76,78	1			
	•	c	Gain or (loss)	7c	1 2	53,577	30,11				
			Net gain or (loss)					1,283,696	5		1,283,696
41		a G	Gross income from fu		ısıng events						
Other Revenue			not including \$ ontributions reported	d on I	of line 1c)						
eve		S	See Part IV, line 18	•		8a	O				
r R			ess direct expen			8b	О				
the		c N	Net income or (los	s) fr	om fundraisir	ng eve	ents <b>&gt;</b>		)		
0	<b>9</b> a	9a Gross income from gaming activities									
		See Part IV, line 19 9				9a	0	<b>⊣</b>			
		b Less direct expenses 91 c Net income or (loss) from gaming activ				9b	0				
		C IV	vet income or (los	s) rr	om gaming a	Ctiviti	es <del>•</del>	7	,		
	10	)aG	Gross sales of inve	entor	y, less						
			eturns and allowa			10a	0	_			
		<b>b</b> Less cost of goods sold <b>10b</b>				0					
		C N	Net income or (los Miscellaneo			nvento 	Business Code	T	1	-	
	1	Miscellaneous Revenue  11aOTHER REBATES & REVENUE					90009	9 60,021			60,021
		ь-				$\dashv$					
		с –				$\dashv$			1		
		dĀ	All other revenue	•		$\dashv$		<u> </u>			
		e T	<b>Γotal.</b> Add lines 1	1a-1	.1d		•	60,021			
	1	2 т	Γ <b>otal revenue.</b> S	ee ır	structions .			·			3,773,495
								73,449,478	1/4,0/5	1	Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of		_		mn (A)
Check if Schedule O contains a response or note to a	ny line in this Part IX			<u> U</u>
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	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
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, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			_
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,279,090	2,051,181	227,909	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	782,159	703,943	78,216	0
<b>7</b> Other salaries and wages	24,432,159	21,988,943	2,443,216	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,539,143	2,285,229	253,914	
9 Other employee benefits	4,845,937	4,361,343	484,594	0
<b>10</b> Payroll taxes	1,691,171	1,522,054	169,117	0
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,166,109	1,049,498	116,611	_
12 Advertising and promotion	0			
13 Office expenses	141,679	127,511	14,168	0
14 Information technology	340,358	306,322	34,036	0
15 Royalties	386,412	347,771	38,641	0
<b>16</b> Occupancy	2,215,247	1,993,722	221,525	0
<b>17</b> Travel	891,238	802,114	89,124	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	697,978	628,180	69,798	0
<b>20</b> Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,625,997	8,663,397	962,600	0
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List				

30,443,614

6,590,191

1,285,700

465,867

883,371

91,703,420

27,399,253

5,931,172

1,285,700

419,280

795,034

82,661,647

3,044,361

659,019

46,587

88,337

9,041,773

0

Form 990 (2019)

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

expenses on Schedule O )

**b** LAB SUPPLIES

a COST-SHARING W/RELATED ORG

c PER CAPITA APPROP TO GSSIMR

d NON-CAPITAL EQUIPMENT

e All other expenses

key employees	2,279,090	2,031,181	227,909	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	782,159	703,943	78,216	0
<b>7</b> Other salaries and wages	24,432,159	21,988,943	2,443,216	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,539,143	2,285,229	253,914	
9 Other employee benefits	4,845,937	4,361,343	484,594	0
10 Payroll taxes	1,691,171	1,522,054	169,117	0
11 Fees for services (non-employees)				
l		· ·		

Page **11** 

375,470

138,326,879

85,997,459

85,512,126

312,071,612

9,773,789

334.266

448.431

0

0

0

0

0

0

0

0

91,121,685

101.229.740

210,635,494

210,841,872

312,071,612

Form 990 (2019)

206,378

Form 990 (2019)

11

12

13

14

15

16

17

18 19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

basis Complete Part VI of Schedule D

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

**b** Less accumulated depreciation

Intangible assets .

Grants payable

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

		Check if Schedule O contains a response or note to any line in this Part IX			🗆 _
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	1,897,970	2	937,906
	3	Pledges and grants receivable, net	415,996	3	470,714
	4	Accounts receivable, net	0	4	0
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .	0	6	0
S	7	Notes and loans receivable, net	0	7	0
et	Q	Inventories for sale or use	2 287	Q	2 627

333,055,015

194,728,136

10a

10b

330,173

141,078,865

101,356,319

90,454,328

335,909,539

7,568,381

202.716

0 20

0

0 23

0

98,399,770

106.170.867

229,617,951

229,738,672

335,909,539

120,721

373,601

0

9

10c

11

12 0 13

14

15

16

17

18

19

21

22

24

25

26

27

28

29

30

31

32

33

3a

3b

Yes

Yes Form 990 (2019)

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

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

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

Audit Act and OMB Circular A-133?

## **Additional Data**

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

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Form 990 (2019)

Form 990, Part III, Line 4a:

SIMR'S ACCOMPLISHMENTS ARE DESCRIBED IN SCHEDULE O

Software ID:

CHEDULE orm 990 or 0EZ)	C	Complete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe  Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2019
partment of the Tre	partment of the Treasury Go to <u>www.irs.qov/Form990</u> for instructions and the latest information.						Open to Public Inspection
me of the org		ESEARCH				Employer identific	ation number
No.		in Charles Char	(			20-2993509	
			<b>us</b> (All organization e it is  (For lines 1 thro			see instructions.	
-	•		ssociation of churches	•		(A)(i).	
□ A sci	nool described in	section 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
ш			vice organization desci	,			
		·	ed in conjunction with			-	nter the hospital's
nam	e, city, and state SCHEDULE A	•	ed in conjunction with	a nospital desci	ibed iii section .	170(b)(1)(A)(III). L	inter the hospital s
	rganızatıon opera <b>1)(A)(iv).</b> (Con		t of a college or univei	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
			governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	ı)(v).	
	-	normally receives (A)(vi). (Complete	a substantial part of it Part II )	s support from a	a governmental u	ınıt or from the gener	al public described i
			170(b)(1)(A)(vi)	(Complete Part I	II )		
			escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or
from inve	activities related stment income a	d to its exempt fur	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
			d exclusively to test for	r public safety S	See section 509	(a)(4).	
more	publicly suppor	ted organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
Type orga	• I. A supporting nization(s) the p	j organization oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by	
man	agement of the s		ervised or controlled in ation vested in the sand and C.				
			supporting organization				ted with, its
Type	III non-funct	ionally integrate d The organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wirequirement and	th its supported orgar	
☐ Chec	k this box if the	organization recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
-			integrated supporting	organization			
		rted organizations	upported organization(	e)			
(i) Name	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	ianization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
			,,	Yes	No		
tal			nstructions for	Cat No 1128!		 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
Р	art II Support Schedule for (	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	d below, please	complete Part I	II.)	
	Section A. Public Support		1	ı			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grant ") 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	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from				+		
0	line 4						
S	ection B. Total Support		_		_		
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4						
8	Gross income from interest,						
Ī	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources  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							
12	10 Gross receipts from related activities, e	tc (see instruction	ns)			12	
	First five years. If the Form 990 is fo			ard fourth or fifth	a tay year as a se		anization
		=			-		
_	check this box and stop here Gection C. Computation of Public				<u> </u>		<u> </u>
	Public support percentage for 2019 (lin			column (f))		14	
	Public support percentage for 2018 Sch			-5.4mm (1 <i>))</i>		15	
	33 1/3% support test—2019. If the			on line 13, and lin	ne 14 is 33 1/3% c		hox
100	and <b>stop here.</b> The organization quali				10 11 10 00 1/0 /0 0	i more, eneck ems	▶ □
b					and line 15 is 33 :	1/3% or more, chec	
_	box and <b>stop here.</b> The organization	-				,	<b>▶</b> □
17a	10%-facts-and-circumstances test				ne 13, 16a, or 16b	, and line 14	- —
	ıs 10% or more, and ıf the organizatıoı	n meets the "facts	-and-circumstance	es" test, check thi	s box and stop he	e <b>re.</b> Explain	
	in Part VI how the organization meets	the "facts-and-cir	cumstances" test	The organization	qualifies as a pub	icly supported	
	organization	. 2010 ****		e alexado a 1	13 16 16'	4.7-	▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization			-		- ,	▶ □
18	m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this bo	x and see	
	instructions						ightharpoons
					Calcadio	la A /Form 000 a	= 000 E7\ 3010

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.	)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12 )	rt. (Add lines 9, 10c,						
14	First five yea	a <b>rs.</b> If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and <b>stop here</b>		, ,	, ,	•	( )( )	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	( //		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18   22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and <b>stop here.</b>	The organization (	qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

			Yes	No
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
ı	determination		

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

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or					
	supervised by or in connection with its supported organizations					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support	4c				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)					
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>			
	organization's organizing document?	5b	1			

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

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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

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

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

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

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

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

than (1) its supported organizations. (11) 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

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

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

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

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

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

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

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	_		
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(		instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) <b>See</b> 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				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> 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				

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

7 Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(iii) Distributable		

8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ) See instructions	sive (provide	
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
	Section E - Distribution Allocations (see instructions)  (i) (ii) Underdistributions Pre-2019		(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019		

details in <b>Part VI</b> ) See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019

q Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2019 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 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . d Excess from 2018. . . . . e Excess from 2019. . . . .

a From 2014. . . . . . **b** From 2015. . . . . . . **c** From 2016. . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

\$

Schedule A (	Form 990 or 990-EZ) 2019 Page \$			
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				
J				

Return Reference	Explanation			
PART I, LINE 4	IN 2019, STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") SCIENTISTS COLLABORATED WITH RESE ARCHERS AT 70 NATIONAL AND 50 INTERNATIONAL INSTITUTIONS INCLUDING DOZENS OF HOSPITALS, ME DICAL CENTERS, AND MEDICAL SCHOOLS MANY OF THESE COLLABORATIONS RESULTED IN DISCOVERIES T HAT MERITED PUBLICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS AND/OR SUCCESSFULLY F UNDED GRANT AWARDS SIMR CONDUCTS MEDICAL RESEARCH IN CONJUNCTION WITH THE UNIVERSITY OF K ANSAS (KU) AND TIS AFFILLATES THE UNIVERSITY OF KANSAS HOSPITAL AUTHORITY AND THE UNIVERSITY OF K ANSAS (KU) AND THE ANTIVERSITY OF KANSAS MEDICAL CENTER (KUMC), PURSUANT TO A WRITTEN MEMORANDUM OF UNDERSTANDING KUM C IS THE ACADEMIC HEALTH SCIENCE CENTER OF THE LARGEST PUBLIC RESEARCH UNIVERSITY IN THE S TATE OF KANSAS KUMC OFFERS PROGRAMS AND SERVICES THAT FOCUS ON EDUCATION, RESEARCH, PATIE NT CARE, AND COMMUNITY ENGAGEMENT AS OF DECEMBER 31, 2019, FIVE KUMC STUDENTS HAVE RECEIVED MS DEGREES AND 45 KUMC STUDENTS HAVE RECEIVED HD DEGREES FOR THESIS WORK PERROMED IN SIMR'S LABS KUMC IS AFFILIATED WITH THE UNIVERSITY OF KANSAS HOSPITAL, A NONPROFIT INDEPE NOBINT HOSPITAL CO-LOCATED WITH THE MAIN KUMC CAMPUS IN KANSAS CITY, KS IN 2019, TWENTY SI MR RESEARCH PROGRAM LEADERS WERE ADJUNCT FACULTY IN FOUR KUMC DEPARTMENTS THESE APPOINTME NTS INCLUDED 12 FULL PROFESSORS, FOUR ASSOCIATE PROFESSORS, AND FOUR ASSISTANT PROFESSORS IN 2019, SO SIMR'S 74 ORIGINAL RESEARCH PUBLICATIONS INCLUDED BOTH SIMR AND KUMC AFFIL IATIONS ABOUT A DOZEN KUMC STUDENTS PERFORMED PREDOCTORAL RESEARCH IN SIMR LABS IN 2019 SIMR IS ALSO A CONSORTIUM MEMBER OF THE UNIVERSITY OF KANSAS CANCER CENTER AT KUMC, A CANC ER RESEARCH AND CARE PARTINERSHIP SPANNING TWO STATES AND INVOLVING COLLABORATION AMONG RES EARCHERS, PHYSICIANS, AND CANCER SUPPORT PROFESSIONALS IN BASIC, TRANSLATIONAL, AND CLINIC AL RESEARCH AREAS IN JUNE 2012, THE NIH'S NATIONAL CANCER INSTITUTE (NCI) NAMED THE UNIVERSITY OF KANSAS CANCER CENTER A NCI DAGGEM HE APPLICATION WERE GRANTS THAT HAD BEEN AWARDED TO SIMR INVESTIGATORS IN 201			

Return Reference Explanation			
PART I, LINE 4	ROFESSOR OF PATHOLOGY AND LABORATORY MEDICINE, ANATOMY AND CELL BIOLOGY, CANCER BIOLOGY, A ND MOLECULAR BIOSCIENCES AT KUMC THE PROJECT AIMS TO FURTHER EXPLORE THE MECHANISM OF ACT ION OF SUBEROYLANILIDE HYDROXAMIC ACID (SAHA), WHICH IS USED AS CHEMOTHERAPY FOR CERTAIN L YMPHOMAS AND IS BEING EVALUATED IN CLINICAL TRIALS FOR OTHER CANCERS RECENT REPORTS SUGGE ST THAT SAHA HAS ADDITIONAL EFFECTS THAT INVOLVE PROTEIN NETWORKS MORE BROADLY, THUS SUGGE STING OTHER POSSIBLE MECHANISMS OF ACTION RESULTS FROM THIS JOINT RESEARCH EFFORT MAY ENA BLE THE FUTURE DEVELOPMENT OF MORE SPECIFIC AND EFFECTIVE HUMAN THERAPEUTICS THIS PROJECT IS SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENC ES IN 2019, SIMR RESEARCH PROGRAM LEADER LINHENG LI, PHD, CONTINUED A COLLABORATION WITH THE 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 C ELLS TO HELP REDUCE THE RECURRENCE OF CANCER AFTER A PATIENT GOES INTO REMISSION THE COLL ABORATION BUILDS ON FOUNDATIONAL RESEARCH FROM THE IL LAB THAT HAS CHARACTERIZED CANCER STEM C ELLS AT MOLECULAR AND CELLULAR LEVELS THIS ONGOING RESEARCH COLLABORATION HAS GENERAT ED FINDINGS THAT HAVE BEEN REPORTED IN ORIGINAL RESEARCH STUDY, "LOW-DOSE DAUNORUBICIN IN PATIENTS WITH RELAPSED/REFRACTORY ACUTE MEMBERS AND CHILDREN'S WHICH IS DESIGNED TO ASSESS THE FEA SIBILITY AND TOLERABILITY OF ADMINISTERING A LOW DOSE OF THE DRUG TO PATIENTS WITH RELAPSE D OR REFRACTORY ACUTE MYELOID LEUKEMIA (AML) OR ACUTE LYMPHOBLASTIC LEUKEMIA (ALL), AND TO OBTAIN PRELIMINARY DATA ON THE DRUG ENGAGING ITS TARGET SIMP PATICIPATED IN COLLABORATI ONS CONDUCTING RESEARCH IN CONJUNCTION WITH THE FOLLOWING US HOSPITALS, PURSUANT TO AN UND ERSTANDING TO MAINTAIN CONTINUING CLOSE COOPERATION IN THE ACTIVE CONDUCT OF MEDICAL RESEA RCH IN 2019 INSTITUTION LOCATION BRIGHAM AND WOMEN'S HOSPITAL KONSUANT TO AN UND ERSTANDING TO MAINTAIN CONTINUING CLOSE COOPERATION IN THE FO		

990 Schedule A. Supplemental Information

PERLMU TTER CANCER CENTER NEW YORK, NY SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE ST LOUIS, MO

SEA TTLE CHILDREN'S HOSPITAL SEATTLE, WA SINAI HOSPITAL OF BALTIMORE BALTIMORE, MD STANFORD UN IVERSITY SCHOOL OF MEDICINE PALO ALTO, CA UNIVERSITY OF CALIFORNIA LOS ANGELES DAVID GEFFE

N SCHOOL OF MEDICINE LOS ANGEL

990 Schedule A, Supplemen	90 Schedule A, Supplemental Information					
Return Reference	Explanation					
PART I, LINE 4	ES, CA UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA UNIVERSITY OF KANSAS CANCE R CENTER KANSAS CITY, KS UNIVERSITY OF KANSAS MEDICAL CENTER KANSAS CITY, KS UNIVERSITY OF PENNSYLVANIA PERELMAN SCHOOL OF MEDICINE PHILADELPHIA, PA UNIVERSITY OF PITTSBURGH CANCER INSTITUTE PITTSBURGH, PA UNIVERSITY OF ROCHESTER MEDICAL CENTER ROCHESTER, NY UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE COLUMBIA, SC UNIVERSITY OF TENNESSEE HEALTH SCIENCE C ENTER MEMPHIS, TN UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER HOUSTON, TX WEILL CORNELL MEDICINE NEW YORK, NY TO CARRY OUT THE RESEARCH DESCRIBED IN THE FOLLOWING EXAMPLES, SIMR AND HOSPITAL, MEDICAL CENTER, OR MEDICAL SCHOOL ENTERED INTO A COOPERATION AGREEMENT PURSU ANT TO WHICH THEY AGREED TO ESTABLISH, DEVELOP, ADMINISTER, AND MAINTAIN CONTINUING CLOSE COOPERATION IN THE ACTIVE CONDUCT OF MEDICAL RESEARCH, INCLUDING THROUGH SPECIFIC COOPERAT IVE EFFORTS IN THE AREAS OF RESEARCH, SHARING OF INFORMATION, PURSUANT OF JOINT GRANTS, IN TERACTION OF STAFF, ADJUNCT/JOINT APPOINTMENTS, AND SHARING OF FACILITIES IN ORDER TO ASS URE THE SUCCESS OF THEIR COOPERATIVE RELATIONSHIP, EACH AGREED TO ENGAGE IN EFFECTIVE, COO RDINATED AND ONGOING PLANNING, OVERSIGHT, AND COMMUNICATION, AND TO COMMIT THE NECESSARY R ESOURCES, BOTH HUMAN AND MONETARY, TO SUPPORT, FACILITATE, AND PROMOTE THE COOPERATION					

990 Schedule A. Supplemental Information

Return Reference	Explanation
JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS -	THE LI LAB PERFORMED JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CEL LS WITH COLLABORATORS AT CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, DAVID GEFFEN SCHOO L OF MEDICINE, AND UNIVERSITY SOHOOL OF MEDICINE, STANFORD U NIVERSITY SCHOOL OF MEDICINE, AND UNIVERSITY OF PITTSBURGH CANCER INSTITUTE INTESTINAL DI SEASES RANGING FROM CROHN'S DISEASE TO COLITIS TO CANCER MAY BENEFIT FROM INTESTINAL STEM CELL THERAPILES THIS RESEARCH ADVANCES THE UNDERSTANDING OF THE BIOLOGY OF STEM CELLS THAT RESIDE IN THE INTESTINE AND EXPLORES HOW THEY CAN BE USED TO TREAT AND CURE INTESTINAL DI SEASES THIS ONGOING RESEARCH COLLABORATION IS SUPPORTED IN PART BY A NIH GRANT AWARDED BY THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES JOINT MEDICAL RESEAR RCH ON EYE DEVELOPMENT AND FUNCTION - THE XIE LAB PERFORMED JOINT MEDICAL RESEARCH ON GENE TIC PROGRAMS THAT REGULATE THE MAMMALIAN EYE WITH COLLABORATORS AT CINCINNATI CHILDREN'S H OSPITAL MEDICAL CENTER, UNIVERSITY OF ROCHESTER MEDICAL CENTER, AND KYOTO UNIVERSITY AN E YE STRUCTURE CALLED THE CILIARY BODY IS IMPORTANT FOR CHANGING THE SHAPE OF THE LENS AND F OR PRODUCTION OF THE AQUEOUS HUMOR, THE FLUID THAT MAINTAINS PRESSURE IN THE EYE DEFECTS IN LENS ACCOMMODATION LEAD TO MYOPIA OR NEARSIGHTEDNESS, WHILE HIGH PRESSURE WITHIN THE EYE IS ONE OF THE MOST IMPORTANT RISK FACTORS FOR GLAUCOMA, THE SECOND LEADING BLIND-CAUSING DISEASE THE GOAL OF THIS RESEARCH IS TO REVEAL THE MECHANISMS REGULATING THE DEVELOPMENT AND SECRETION OF THE CILIARY BODY KNOWLEDGE GAINED FROM THESE STUDIES MAY ENHANCE TREATM ENTS FOR GLAUCOMA AND MYOPIA THIS RESEARCH IS SUPPORTED IN PART BY A NIH GRANT FROM THE N ATIONAL EYE INSTITUTE OTHER US COLLABORATORS INCLUDED BERNICE PAUAHI BISHOP MUSEUM, BOSTO N COLLEGE, CALLFORNIA INSTITUTE OF TECHNOLOGY, COLD SPRING HARBOR LABORATORY, CORNELIA DE LANGE SYNDROME FOUNDATION, ELMHURST COLLEGE, FLORIDA ATLANTIC UNIVERSITY, DOPENIG HARBOR LABORATORY MUSEUM OF LOS AN GELES COUNTY, NEW YORK UNIVERSITY, OF PRING HARBOR LABORATORY OF

COMMONWEALTH UNIVERSITY, AND WASHINGTON UNIVERS ITY IN ST LOUIS SIMR COLLABOR

50 Deficació A/ Dupplemental Information					
Return Reference	Explanation				
JOINT MEDICAL RESEARCH ON THE CHARACTERIZATION OF INTESTINAL STEM CELLS -	ATED WITH THE FOLLOWING INTERNATIONAL HOSPITALS, MEDICAL CENTERS, AND MEDICAL SCHOOLS IN 2 019 BEIJING PERFECT FAMILY HOSPITAL, CHINA, CHINESE ACADEMY OF MEDICAL SCIENCES, TIANJIN, CHINA, HENAN PROVINCIAL PEOPLE'S HOSPITAL, ZHENGZHOU, CHINA, HONG KONG BAPTIST UNIVERSITY, CHINA, HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY, CHINA, PEKING UNION MEDICAL COLLE GE, TIANJIN, CHINA, THIRD AFFILIATED HOSPITAL OF SUN YAT-SEN UNIVERSITY, GUANGZHOU, CHINA, TIANJIN MEDICAL UNIVERSITY, HEPING, CHINA, AND ZHEJIANG UNIVERSITY SCHOOL OF MEDICINE, BEIJING, CHINA, WUHAN NO 1 HOSPITAL, HUBEI, CHINA, AND ZHEJIANG UNIVERSITY SCHOOL OF MEDICINE, HA NGZHOU, CHINA OTHER INTERNATIONAL COLLABORATORS INCLUDED AGENCY FOR SCIENCE, TECHNOLOGY A ND RESEARCH, SINGAPORE, BARCELONA INSTITUTE OF SCIENCE AND TECHNOLOGY, SPAIN, CARDIFF UNIVERSITY, CATHAYS, UNITED KINGDOM, CENTRO DE INVESTIGACION BIOMEDICA EN RED EN BIOINGENIERIA, MADRID, SPAIN, CIENCIAS BIOLOGICAS, QUITO, ECUADOR, CZECH ACADEMY OF SCIENCES, PRAGUE, D URHAM UNIVERSITY, UNITED KINGDOM, ECOLE POLYTECHNIQUE, PALAISEAU, FRANCE, FRIEDRICH MIESCH ER LABORATORY OF THE MAX PLANCK SOCIETY, TUBINGEN, GERMANY, HUAZHONG UNIVERSITY OF SCIENCE AND TECHNOLOGY, WUHAN, HUBEI, CHINA, HUBEI UNIVERSITY, WUHAN, CHINA, INSTITUTO DE FISIOLO GIA, MENDOZA, ARGENTINA, INSTITUTO DE HISTOLOGIA Y EMBRIOLOGIA, MENDOZA, ARGENTINA, INTERN ATIONAL IBERIAN NANOTECHNOLOGY LABORATORY, BRAGA, PORTUGAL, ISRAEL INSTITUTE OF TECHNOLOGY, HAIFA, JILIN UNIVERSITY, CHANGCHUN, CHINA, KIEL UNIVERSITY, GERMANY, KYOTO UNIVERSITY, J APAN, MAX PLANCK INSTITUTE FOR EVOLUTIONARY BIOLOGY, PLON, GERMANY, MAX PLANCK INSTITUTE OF MOLECULAR CELL BIOLOGY AND GENETICS, DRESDEN, GERMANY, NATIONAL RESEARCH COUNCIL, PISA, ITALY, OSAKA UNIVERSITY, JAPAN, RESEARCH CENTRE FOR MEDICAL GENETICS, MOSCOW, RUSSIA, SEJO NG UNIVERSITY, SEOUL, KOREA, SHENZHEN UNIVERSITY, CHINA, SUN YAT-SEN UNIVERSITY, GUANGZEROU , CHINA, TEL AVIV UNIVERSITY, ISRAEL, TOLOGIAL HINIVERSITY OF BELISING				

990 Schedule A. Supplemental Information

TOHOKU UNIVERSITY, SENDAI, JAPAN, TSINGHUA UNIVERSIT Y, BEIJING, CHINA, UNIVERSITY OF HELSINKI, FINLAND, UNIVERSITY OF MILAN, ITALY, UNIVERSITY OF SASKATCHEWAN, SASKATOON, CANADA, UNIVERSITY OF SCIENCE AND TECHNOLOGY, HONG KONG, CHIN A, UNIVERSITY OF TOKYO, JAPAN,

COLLEGE OF DENTISTRY, SEOUL, KOREA

UNIVERSITY OF TORONTO, CANADA, UNIVERSITY OF WURZBURG, GERM ANY, UNIVERSITY OF ZURICH, SWITZERLAND, WELLCOME SANGER INSTITUTE, HINXTON, UNITED KINGDOM, AND YONSEI UNIVERSITY **SCHEDULE D** 

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

(Form 990)

Department of the Treasury

DLN: 93493230032500

OMB No 1545-0047

**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 instructions and the latest information.

Open to Public Inspection

Schedule D (Form 990) 2019

Cat No 52283D

Intern	al Revenue Service	► Go to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions a	nd the latest info	rmation.	In	spection
	me of the organiz OWERS INSTITUTE FO	<b>zation</b> R MEDICAL RESEARCH			Employer ide	entification	number
D-	rt I Organiz	ations Maintaining Donor Advi	and Friede or Other	Cimilar Eunda 4	20-2993509		
Pa		e if the organization answered "Ye			or Accounts.		
	55		(a) Donor advis	· ·	(b) Fund	s and other	accounts
1	Total number at e	nd of year					
2	Aggregate value o	of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	at end of year					
5		cion inform all donors and donor adviso operty, subject to the organization's ex		ets held in donor ac	dvised funds are	_	] Yes □ No
6		cion inform all grantees, donors, and do ses and not for the benefit of the donor				missible	] Yes □ No
Pa		vation Easements. e if the organization answered "Ye	s" on Form 990, Part	IV, line 7.			
1	Purpose(s) of cor	nservation easements held by the organ	nızatıon (check all that ap	pply)			
	☐ Preservation	n of land for public use (e g , recreation	n or education)	Preservation of an	historically imp	ortant land a	area
	☐ Protection o	of natural habitat		Preservation of a	certified historic	structure	
	☐ Preservation	n of open space					
2	Complete lines 2	a through 2d if the organization held a last day of the tax year	qualified conservation co	ntribution in the fo		ation at the End o	of the Year
а	Total number of o	conservation easements			2a		
b	Total acreage res	tricted by conservation easements			2b		
c	Number of conser	vation easements on a certified histori	c structure included in (a	1)	2c		
d		rvation easements included in (c) acqui the National Register	red after 7/25/06, and n	ot on a historic	2d		
3	Number of conse tax year ▶	rvation easements modified, transferre	d, released, extinguished	l, or terminated by	the organization	during the	
4	Number of states	where property subject to conservation	n easement is located <b>&gt;</b>				
5		ation have a written policy regarding th of the conservation easements it holds		spection, handling	of violations,	☐ Yes	□ No
6	Staff and volunte	er hours devoted to monitoring, inspec	ting, handling of violation	ns, and enforcing c	onservation ease	ements durir	ng the year
7	Amount of expen	ses incurred in monitoring, inspecting,	handling of violations, ar	nd enforcing conser	vation easement	ts during the	e year
8	Does each conser	rvation easement reported on line 2(d) h)(4)(B)(ii)?	above satisfy the require	ements of section 1	.70(h)(4)(B)(ı)	☐ Yes	□ No
9		cribe how the organization reports cons nd include, if applicable, the text of the				and	
ъ-		s accounting for conservation easemen			Cincil-		
Par		ations Maintaining Collections e if the organization answered "Ye			ier Similar As	sets.	
1a	art, historical trea	on elected, as permitted under SFAS 11 asures, or other similar assets held for (III, the text of the footnote to its finar	public exhibition, educati	ion, or research in t			
b	historical treasur	n elected, as permitted under SFAS 11 es, or other similar assets held for pub is relating to these items					
(	i) Revenue include	ed on Form 990, Part VIII, line 1			<b>▶</b> \$		
(i	i)Assets included i	n Form 990, Part X					
2	If the organizatio	on received or held works of art, histories required to be reported under SFAS					
а	Revenue included	d on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$		
b	Assets included ii	n Form 990, Part X			<b>-</b>		

**d** Equipment .

Par	t IIII	Organizations Ma	aintaining Colle	ections of Art,	Histori	ical Tr	eas	ures, o	r Other Si	milar As	sets (cont	inued)
3		g the organization's acq s (check all that apply)	uisition, accession,	and other records	, check	any of	the fo	ollowing 1	:hat are a sı	gnıfıcant u	se of its col	lection
а		Public exhibition			d		Loar	or exch	ange progra	ms		
b		Scholarly research			e		Othe	er				
c		Preservation for future	e generations									
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5		ng the year, did the orga ts to be sold to raise fur								ır	☐ Yes	□ No
Pai	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		e organization an agent ded on Form 990, Part I		or other intermed	diary for	contrib	utio	ns or oth	er assets no	t	☐ Yes	□ No
ь	If "Ye	es," explain the arrange	ement in Part XIII a	and complete the f	ollowina	table				Αı	nount	
c		nning balance							1c			
d	_	tions during the year							1d			
е	Dıstr	ibutions during the year	r						1e			
f	Endır	ng balance							<b>1</b> f			
2a	Did t	he organization include	an amount on Forr	m 990 Part X line	21 for	escrow	or ci	istodial a	ccount liabi	litv?	□ vec	 □ No
		es," explain the arrange										<b>□ 110</b>
	rt V	Endowment Fund		Check here if the e	хріапас	IOII IIas	Deei	provide	u III Fait XII			
		Complete if the or		ered "Yes" on Fo	rm 990	), Part	IV, ا	ıne 10.				
				(a) Current year	(b) F	rior yea	-	<b>(c)</b> Two y		<b>i)</b> Three yea		Four years back
1a	Beginr	ning of year balance .		120,721		550	,240		626,653		39,191	0
b	Contril	butions		163,200		75	,000		100,000		561,216	100,000
		vestment earnings, gair	· · · –									
		s or scholarships	<u> </u>									
е		expenditures for facilition	es	77,543		504	,519		176,413		73,754	60,809
f	Admın	istrative expenses .										
g	End of	year balance	[	206,378		120	,721		550,240	6	526,653	39,191
2	Provi	de the estimated perce	ntage of the curren	t year end balance	e (line 1	g, colur	nn (a	a)) held a	S			
а	Board	d designated or quasi-e	ndowment <b>&gt;</b>									
b	Perm	nanent endowment 🟲										
С	Temp	porarily restricted endov	wment ▶ 100 00	00 %								
	The p	percentages on lines 2a	, 2b, and 2c should	l equal 100%								
3а	Are there endowment funds not in the possession of the organization that are held and administered for the organization by  Yes No											
							No					
	(ii) related organizations						No					
ь 4			<del>-</del>	·			•				3b	
_		ribe in Part XIII the inte			wment	iunds						
e)	rt VI	Land, Buildings, Complete if the or			rm 990	), Part	IV.	ıne 11a	. See Form	990. Par	t X, line 1	0.
	Descr	ription of property	(a) Cost or othe (investment	r basıs (b) Cos	t or other				umulated dep			Book value
12	Land					3 40	0,000					3,400,000
	Buildir	nas				232,82			11	5,655,967		117,164,105
		hold improvements					.,			,,,		
-			ı	l l				1				

95,244,723

1,590,220

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

16,172,554

1,590,220

138,326,879

79,072,169

(6) (7) (8) (8) (9) (9) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	·	Investments—Other Securities.				rage .
1   Financial derivatives		(a) Description of security or category	(b)	ne 11t	(c) Metho	d of valuation
(3) Classify-hold squally intervents (A) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		(including name of security)			Cost or end-of-	-year market value
(A)  (B)  (C)  (C)  (C)  (C)  (D)  (D)  (E)  (C)  (C)  (C)  (C)  (C)  (C)  (C	(2) Closely-					
(C) (D) (E) (E) (F) (G) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)					
(6) (7) (8) (9) (9) (9) (9) (104) (104) (105) (107) (107) (108) (109) (104) (107) (108) (109) (104) (107) (108) (109) (104) (107) (108) (109) (108) (109) (108) (109) (108) (109) (108) (109) (1	(B)					
(6) (7) (8) (9) Total. (Column (b) must equal form 590, Part X, cs (5) line 12)  Part XII  Investments—Program Related. Complete if the organization answered "res' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (6) Description of investment. (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "res' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(C)					
(6) (6) (7) (8) (9) Total. (Column (a) small equal form 990, Part X, col (d) line (2.)  (a) Description of investment  (b) Book value  (c) Method of valuation Cost or end-of-year marke value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (a) small equal form 990, Part X, col (d) line (3.)  (9) Part XX  (1) Description of markes ("Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, ine 15 (b) Book value  (c) Method of valuation cost or end-of-year marke value  (1) (6) (7) (8) (9) Total. (Column (b) small equal form 990, Part X, col (d) line (3.)  (9) (1) ANNUTY REC FROM APPILIATE  (2) Other Receivalues  (3) Description of liability  (4) (5) (6) (7) (8) (9) Total. (Column (b) small equal form 990, Part X, col (d) line (3.)  (a) Description of liability  (b) Book value  (c) Book value  (b) Book value  (c) Book value  (d) Pederal income taxes  (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(D)					
(1)	(E)					
Total. (Column (b) must equal from \$90, Part X, col (B) line 12 )   Part XII	(F)					
Total.   Column (b) most equal Form 990, Part X, col (b) Inter 12	(G)					
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 of value of	(H)					
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 marker value	Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>			
(a) Description of investment (b) Book value Cost or enc-of-year marke value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX   Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (1)ANNUTIT REC FROM AFFILIATE (a) Description (b) Book value (1)ANNUTIT REC FROM AFFILIATE (3)  (3)  (4)  (5)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part IX   Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value (c)  (c)  (d)  (e)  (f)  (g)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X   Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (b) Book value (c)  (c)  (d)  (e)  (e)  (f)  (f)  (g)  (g)  (h)  (h)  (h)  (h)  (h)  (h	Part VIII		Part IV. lı	ne 11c	. See Form 990.	Part X. line 13.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal form 990, forr X, cal (8) line 13)  Part XI Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (2)OTHER RECEIVABLES  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal form 990, Part X, cal (8) line 15.]  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 lability (b) Book value (b) Book value (c) Form 990, Part X, line 25.  (b) Book value (c) Form 990, Part X, line 25.  (c) 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.  (b) Book value (c) Federal income taxes (c) (d) (e) (7) (8) (9) (a) (b) Book value (b) Book value (c) Book value (c) Book value (d) Federal income taxes (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			<u> </u>			(c) Method of valuation Cost or end-of-year market
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal form 990, Part X, col (8) line 13 )  Part XI Other Assets.  Complete ( the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  Complete ( 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 AFFILLATE (s) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal form 990, Part X, col (8) line 15) (s) (a) Description of lability (b) Book value  (b) Book value  (c) Description of lability (b) Book value  (b) Book value  (c) Description of lability (c) Book value  (d) Description of lability (d) Book value  (e) Description of lability (e) Book value  (f) Book value	(1)					
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, cal (8) line 13 )  Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value (1)ANNUTY REC FROM AFFILIATE	(2)					
(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 (b) Book value (1)ANNUTY REC FROM AFFILIATE S5,435,08 (77,04 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	(3)					
(6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, cal (8) Ine 13)  Pare XX  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)ANNUTIY REC FROM AFFILIATE (2)OTHER RECEIVABLES (77,04  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, cal (8) Ine 15)  (a) Description of liability (b) Book value  (b) Book value  (c) Description of liability (d) Book value  (e) Description of liability (f) Book value  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, cal (8) Ine 25)  (a) Description of liability (b) Book value  (c) Form 990, Part X, Ine 25.  (a) Description of liability (b) Book value  (c) Form 990, Part X, Ine 25.  (d) Description of liability (e) Book value  (f) Federal income taxes  (f)  (g)  Total. (Column (b) must equal Form 990, Part X, cal (8) Ine 25)  (h) Book value  (h) B	(4)					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) Ine 13)  Part X  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)ANNUTIY REC FROM AFFILIATE (a) Description (b) 363,435,08 (2) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) Ine 15)  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 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) Ine 25)  1. (a) Description of liability (b) Book value (1) Federal income taxes (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) Ine 25)  1. (a) Description of liability (b) Book value (1) Federal income taxes (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) Ine 25)  1. (a) Description of liability (b) Book value (1) Federal income taxes (5) (6)	(5)					
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part XX  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  (a) Description  (b) Book value  (5)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (a) Description  (b) Book value  (c) Annuity Rec From 990, Part X, col (B) line 15)  (b) Book value  (c) Annuity Rec From 990, Part X, line 15  (d) Book value  (e) Book value  (f) Annuity Rec From 990, Part X, line 15  (a) Description of liability  (b) Book value  (c) Book value  (d) Federal income taxes  (e) Book value  (f) Book value  (g)	(6)					
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part XX 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) Rook value (1) ANNUITY REC FROM AFFILIATE (b) S5,435,08 (2) OTHER RECEIVABLES (77,04 (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) (b) Book value (1) Federal income taxes (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) (b) Book value (c) Book value (d) Federal income taxes (5)	(7)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part XX 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 85,435,08  (2) OTHER RECEIVABLES 77,04  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) \$85,512,12  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  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) \$1,121,68  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) \$1,121,68  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) \$1,121,68  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)					
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 (2)OTHER RECEIVABLES (77,04  (4)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (8) line 15 )	(9)					
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  85,435,08 (2) OTHER RECEIVABLES (77,04 (3)  (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  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 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (b) must equal Form 990, Part X, col (B) line 25)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)  Formal IV (column (b) must equal Form 990, Part X, col (B) line 25)		n (b) must equal Form 990, Part X, col (B) line 13 )		•		
(1)ANNUITY REC FROM AFFILIATE 85,435,08 (2)OTHER RECEIVABLES 77,04 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	Part IX	Complete if the organization answered 'Yes' on Form 990, I	Part IV, lır	ne 11d	. See Form 990, Par	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		REC FROM AFFILIATE				85,435,085
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(3)	ECEIVABLES				//,041
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(4)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	(5)					
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(6)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(7)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(8)					
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  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)					
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  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) 91,121,68  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15 )				85,512,126
1. (a) Description of liability (b) Book value  (1) Federal income taxes (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part X		Part IV, lır	ne 11e	or 11f.See Form	990, Part X, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.					
(7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1) Federal (5)	micome taxes				C
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)					
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  91,121,68  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)					
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)					
	Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25 )			<b>•</b>	91,121,685

Schedule D (Form 990) 2019

Page 4

1	Total revenue, gains, and other support per audited financial statements					
2	Amounts included on line 1 but no	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	onated services and use of facilities				
С	Recoveries of prior year grants		<b>2</b> c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) $\ .$		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12 )			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments					
c	Other losses	Other losses				
d	Other (Describe in Part XIII ) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b		]	
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)						
	t XIII Supplemental Info					
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		Exp	lanation		
See /	Additional Data Table					
						-
		<b>t</b>				

Page <b>5</b>	Schedule D (Form 990) 2019				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			
	<u> </u>				

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version:

**EIN:** 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

## **Supplemental Information**

THE WORLD

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

UNIV ERSITIES TO ENCOURAGE COLLABORATIVE SCIENCE OPPORTUNITIES WITH TOP SCIENTISTS FROM AROUND

Supplemental Information					
Return Reference	Explanation				
PART X, LINE 2	FIN 48 FINANCIAL STATEMENT FOOTNOTE FROM THE CONSOLIDATED STATEMENTS OF STOWERS INSTITUTE FOR MEDICAL RESEARCH (THE INSTITUTE) IS AS FOLLOWS THE INSTITUTE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 5 0% LIKELY OF BEING REALIZED				

\_ \_ \_

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 9349	323	0032	500
Sch	edule J	Co	mpensati	ion Information	ОМЕ	3 No	1545-0	)047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					19	)
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u>//Form990</u> for	instructions and the latest inform			o Pul	
	ne of the organiza				Employer identification			
SIO	WERS INSTITUTE FO	OR MEDICAL RESEARCH			20-2993509			
Pa	rt I Questi	ons Regarding Compensati	ion					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
	First-class	s or charter travel		Housing allowance or residence for p	personal use			
		companions	님	Payments for business use of persor				
		nification and gross-up payments	님	Health or social club dues or initiatio				
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chaufi	reur, cnet)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		<b>1</b> b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lin	0.102	2	Yes	
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked on Lin	e Ia'			
3				ed to establish the compensation of th	e			
	_	EO/Executive Director Check all ed organization to establish compe	11,	not check any boxes for methods CEO/Executive Director, but explain it	n Part III			
	✓ Compens	ation committee	<b>✓</b>	Written empleyment contract				
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<b>₹</b>	Approval by the board or compensat	rion committee			
		-	_					
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fil	ling organization or a			
_	_		rol naumont?			42		. No
a b		ance payment or change-of-contr r receive payment from, a supple		ified retirement plan?	-	4a 4b		No No
c	•	r receive payment from, a sapple r receive payment from, an equity	•	•		4c		No
				olicable amounts for each item in Part	III			
_		), 501(c)(4), and 501(c)(29)	_					
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a	Yes	
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization	٦?				6a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,		the organization provide any nonfixed rt III	l	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe			ı
					<u> </u>	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in I	Regulations section	9		
For E		iction Act Notice, see the Insti	ructions for Ec	orm 990 Cat No. 5	0053T <b>Schedule 1 (</b>		000)	2010

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

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (D) Nontaxable (E) Total of (F) and other benefits columns compensation Compensation in deferred (B)(i)-(D)column (B) (iii) Other (i) Base (ii) reported as compensation compensation | Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

Schedule J (Form 990) 2019

chedule J (Form 990) 2019						
Part III Supplemental Inform	nation					
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference Explanation						
·	SIMR HAS A WRITTEN EMPLOYMENT AGREEMENT WITH DAVID M CHAO, WHICH PROVIDES FOR TAXABLE TERM LIFE BENEFITS AND FOR HIM TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THESE BENEFITS					
,	SIMR PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PURSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WAS 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					
,	SIMR MADE A PAYMENT OF \$188,931 TO ROBERT E KRUMLAUF, SCIENTIFIC DIRECTOR THIS PAYMENT REPRESENTS THE PORTION OF THE NET ROYALTIES RECEIVED BY SIMR FOR LICENSED SCIENTIFIC DISCOVERY TECHNOLOGY THAT IS PAYABLE TO ROBERT E KRUMLAUF, PH D , FOR HIS PARTICIPATION IN THE DISCOVERY					
	ROBERT KRUMLAUF SERVED AS SIMR'S SCIENTIFIC DIRECTOR THROUGH JUNE 30, 2019, AFTER WHICH HE BECAME SCIENTIFIC DIRECTOR EMERITUS ALEJANDRO SANCHEZ ALVARADO BECAME SIMR'S SCIENTIFIC DIRECTOR ON JULY 1, 2019					

Schedule 1 (Form 990) 2019

9JERRY L WORKMAN

10R SCOTT HAWLEY

INVESTIGATOR

INVESTIGATOR

11LINHENG LI INVESTIGATOR (1)

(1)

(1)

369,979

368,456

272,474

Software ID:

**Software Version:** 

**EIN:** 20-2993509

0

0

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

(A) Name and Title	,	(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
,		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1DAVID A WELTE DIRECTOR/SECRETARY	(1)	, o	0	0	0	ol	0	, c
·	(11)	1,368,976	0	56,058	42,000	28,740	1,495,774	
1RODERICK L STURGEON DIRECTOR/CFO	(1)	0	0	ol	0	o	0	<i>y</i>
	(11)	1,597,472	0	107,511	42,000	22,605	1,769,588	j(
<b>2</b> DAVID M CHAO DIRECTOR/PRESIDENT/CEO	(1)	1,360,250	0	9,921	42,000	1,446	1,413,617	
	(II)		0	ol	0	ol	0	<u>,                                      </u>
<b>3</b> ROBERT E KRUMLAUF - TO	(1)	) 437,532	0	193,875	42,000	21,105	694,512	
EMERITUS	(11)	0	0	0	0	0	0	
4RICHARD W BROWN DIRECTOR/CHAIR	(1)	, 0	0	0	0	ol	0	/
·	(11)	2,516,009	0	27,489	42,000	19,830	2,605,328	<u> </u>
5 ALEJANDRO SANCHEZ	(1)	) 153,849	0	361	16,350	401	170,961	,
ALVADADO	(11)	0	0	0	0	0		
<b>6</b> BRENT KREIDER CHIEF OPERATING OFFICER	(1)	, 0	0	0	0	o	0	,
	(11)	) 607,808	1	8,844	0	25,223	641,875	ا
<b>7</b> RONALD C CONAWAY INVESTIGATOR	(1)	) 309,629	0	3,564	42,000	1,446	356,639	,
	(11)	اه ا	1	,	0	را	1 0	ار
8JOAN W CONAWAY INVESTIGATOR	(1)	) 307,562	0	3,564	42,000	19,863	372,989	,
	(11)	اه ار	,	,,	0	,	,	ار

3,564

4,191

3,564

42,000

42,000

40,871

12,043

19,908

1,446

427,586

434,555

318,355

0

0

0

0

0 -0

efile GRAPHIC	C print - DO	NOT PROCES	S As	Filed Data -					DL	.N: 93	4932	300	32500
Schedule L (Form 990 or 990	<b>E7</b> \\			ons with I							MB No		
(Form 990 or 990	-⊑Z)   ► Comp			answered "Yes 28c, or Form 99				25a, 2	25b, 26	5,	2019		
Department of the Trea			► Att	ach to Form 990	0 or Form 99	0-EZ.		tion			) pen i		
Internal Revenue Servi		rdo to <u>www.n</u>	13.gov/1	<u> </u>	i uccionis and	the latest iii	ioiiiia	tion.			Insp		
Name of the orga		RESEARCH					Er	nplo	yer ide	ntifica	ition n	umb	er
STOWERS INSTITU	TE FOR FIEDICAL I	KESEARCH					20	)-299	3509				
				01(c)(3), section !							)		
	Name of disqu			n Form 990, Part  ) Relationship be					escript		(d)	) Cori	ected?
	,	'	`		organization			` ´tr	ansactı	on	Y		No
				managers or dis			year u	ınder	section	า \$			
3 Enter the ar	mount of tax, if	any, on line 2, a	above, rei	mbursed by the o	rganızatıon .		•		. •	š			
Part II Loa	ans to and/o	r From Inter	ested P	ersons.									
Con	nplete if the org	anızatıon answe	ered "Yes"	on Form 990-EZ	Part V, line 3	88a, or Form 99	90, Pa	rt IV,	line 26	or if	the org	anıza	tion
(a) Name of		t on Form 990,		e 5, 6, or 22 n to or from the	(e) Original	(f) Balance	(a)	) In	- (	h)		) Wri	tten
interested person				ganization?	principal	due		default? Approved		ved by	by agreement?		
					amount			board or committee?					
			То	From			Yes	No	Yes	No	Yes		No
Total Part III Gra		anaa Banafii	iaa Tab		<u></u> \$								
			_	erested Perso 'Yes" on Form 9		line 27.							
(a) Name of Inter	ested person	(b) Relationship	between	(c) Amount		(d) Type	of assi	stand	e	<b>(e)</b> Pu	rpose o	f assi	stance
		interested perso organizat		!									
		organizat											
				+									
									-+				
For Panerwork Red	uction Act Notice	e see the Instru	ctions for	Form 990 or 990-I	<b>7</b> (:	at No. 500564		C a	hadula l	/Earm	000 0	000	E7) 2010

	between interested person and the organization	transaction		organiz rever	ation's
				Yes	No
(1) JULIA ZEITLINGER PHD	SEE PART V	263,391	EMPLOYEE OF SIMR		No
(2) LEANNE WIEDEMANN PHD	SEE PART V	267,756	EMPLOYEE OF SIMR		No
(3) TATJANA PIOTROWSKI PHD	SEE PART V	251,012	EMPLOYEE OF SIMR		No
Part V Supplemental Inform Provide additional informat	nation	schedule L (see instruction	ons)	l	
Datama Dafamana		F		·	

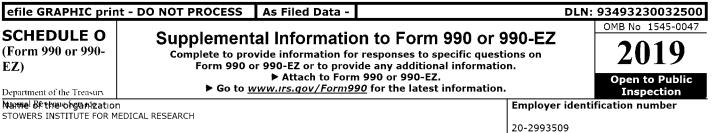
Part V Supplemental In								
Provide additional information for responses to questions on Schedule L (see instructions)								
Return Reference	Explanation							
PART IV, LINES (1) , (2) & (3)	JULIA ZEITLINGER, PH D, IS THE SPOUSE OF DAVID M CHAO, PRESIDENT OF SIMR MS ZEITLINGER IS AN ASSOCIATE INVESTIGATOR AT SIMR MS ZEITLINGER'S PREVIOUS EMPLOYMENT BEFORE SIMR WAS WITH THE WHITEHEAD INSTITUTE FOR MEDICAL RESEARCH WHERE SHE WAS THE RECIPIENT OF A PREDOCTORAL FELLOWSHIP FROM THE HUMAN FRONTIER SCIENCE PROGRAM LEANNE WIEDMANN, PH D, IS THE SPOUSE OF ROBERT KRUMLAUF, SCIENTIFIC DIRECTOR EMERITUS 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 TATJANA PIOTROWSKI, PH D, IS THE SPOUSE OF ALEJANDRO SANCHEZ ALVARADO, DIRECTOR AND SCIENTIFIC DIRECTOR OF SIMR AS OF JULY 2019 MS PIOTROWSKI IS AN INVESTIGATOR AT SIMR AND SECURITIFIC DIRECTOR OF SIMR AS OF JULY 2019 MS PIOTROWSKI IS AN INVESTIGATOR AT SIMR							

WHERE SHE WAS AN ASSOCIATE PROFESSOR IN THE DEPARTMENT OF NEUROBIOLGOY AND ANATOMY

Schedule L (Form 990 or 990-EZ) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493230032500 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶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. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 63,100,000 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 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 ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 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 isn't required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2019)	Pag	ge <b>2</b>					
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information							
Return Reference	Explanation						
	THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS" REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUT	ED_					
	Schedule M (Form 990) (20	119)					



990	Sched	ule C	), Su∣	pplem	iental	Infor	mati	on

Return Reference	Explanation
Return Reference PART III, LINE 1	THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") PERFORMS MEDICAL RESEARCH IN THE PUBLI C INTEREST WITH THE GOAL OF EXPANDING THE UNDERSTANDING OF FUNDAMENTAL PROCESSES IN LIVING CELLS AND IMPROVING LIFE'S QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PREVENTION OF DISEASE PART III, LINE 4 SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT THE END OF SCHEDULE O PART VI, LINE 2 VIRGINIA G STOWERS, JONATHAN THOMAS, RICHARD W BROW N, DAVID A WELTE, DAVID M CHAO, ALBERZINE FREEMAN, AND ALEJANDRO SANCHEZ ALVARADO, ALL D IRECTORS OF SIMR, HAVE A BUSINESS RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, 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, AND RODERICK L STURGEON, DIRECTORS OF SIMR, AND BRENT KREIDER, OFFICER OF SIMR, HAVE A BUSINESS RELATIONSHIP PART VI, LINE 11B THE DATA AND INFORMATION NECESSARY TO PREP ARE SIMR'S FORM 990 WAS COMPILED BY SIMR'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY THE INSTITUTE'S S TAX ATTORNEY AT BRYAN CAVE LEIGHTON PAISNER, LLP PRICEWATERHOUSECOOPERS ("P WC"), THE INSTITUTE'S EXTERNAL TAX PREPARERS, USED THIS INFORMATION TO PREPARE THE FORM 99 0 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 ABO VE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF THE O RGANIZATION'S BOARD BEFORE IT IS FILED WITH THE IRS AFTER THE PREPARATION AND REVIEW PROCESS DESCRIBED ABO VE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING MEMBER OF THE O RGANIZATION'S BOARD BEFORE IT IS FILED WITH THE IRS PART VI, LINE 12C SIMR HAS ADOPTED A "CONFLICTS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY" EACH DIRECTOR, OFFICER, AND ALL OTHER PERSONS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISIONS OF SIMR ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN AD DISCLOSURE STATEMENT TH
	PERSONS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISIONS OF SIMR ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN A DISCLOSURE STATEMENT THAT IS PART OF THE POLICY A COVERED PERSON MUST ALSO DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT AND ALL MATERIAL FACTS TO THE GOVERNING BOARD AS SOON AS THE PERSON HAS KNOWLEDGE THAT A POTENTIAL CONFLIC T MIGHT EXIST SIMR CONDUCTS PERIODIC AND ADHOC REVIEWS OF TRANSACTIONS AND AGREEMENTS TO ENSURE THAT IT ENGAGES ONLY IN ACTIVITIES THAT ARE CONSISTENT WITH ITS TAX-EXEMPT PURPOSE FORM 990, PART VI, LINE 15A THE COMPENSATION FOR DAVID CHAO, THE PRESIDENT AND CEO OF SI MR, WAS ESTABLISHED PURSUANT TO THE
	PROCEDURES OF TREAS REG SECTION 53 4958- 6, INCLUDIN G (1) REVIEW AND APPROVAL BY SIMR'S COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSON S, (2) RELYING ON COMPARABILITY DATA, INCLUDING DATA PREPARED BY A NATIONALLY KNOWN COMPEN SATION CONSULTANT REGARDING COMPARABLE SALARY AND BENEFITS FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND (3) CONTEMP ORANEOUS DOCUMENTATION AND RECORD KEEPING OF THE DELIBERATION AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT THIS PROCESS WAS LAST UNDERTAKEN IN 2019 PART VI, LINE 19 SIMR 'S GOVERNING DOCUMENTS, CONFLI

Return

Reference

Kelelelice	
PART III,	CT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST PART VII, SECT ION A,
LINE 1	COLUMN B DAVID M CHAO, OFFICER OF SIMR, AND R SCOTT HAWLEY, EMPLOYEE OF SIMR, AL SO PERFORM
	SUPPORT SERVICES FOR ONE OR MORE OF THE RELATED ORGANIZATIONS DISCLOSED IN SCHE DULE R THESE
	SERVICES ARE PERFORMED IN THEIR ROLE AS SIMR EMPLOYEES AND SIMR IS REIMBURSE D BY THE RELATED
	ORGANIZATIONS PART VII, SECTION B SIMR RECEIVES INVESTMENT MANAGEMENT S ERVICES FROM AMERICAN
	CENTURY INVESTMENTS ("ACI") ACI IS A WHOLLY OWNED SUBSIDIARY OF AME RICAN CENTURY COMPANIES, INC
	("ACCI") IN SELECTING ACI TO MANAGE ITS LIQUID INVESTMENTS, SIMR NOT ONLY CHOSE 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 DI VIDENDS 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 ORG ANIZATION, STOWERS RESOURCE MANAGEMENT PART XI, LINE 9 OTHER
	CHANGES IN NET ASSETS INCLU DE THE FOLLOWING CHANGE IN ANNUITY RECEIVABLE, NET (\$234,502)

Explanation

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
PART III, LINE 4A	2019 PROGRAM SERVICE ACCOMPLISHMENTS THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") I S A PRIVATE, NONPROFIT MEDICAL RESEARCH ORGANIZATION SIMR WAS FOUNDED IN 1994 BY JIM AND VIRGINIA STOWERS, WHO EACH SURVIVED A BOUT WITH CANCER AND SUBSEQUENTLY DEDICATED THEIR FO RTUNE TO SUPPORTING BASIC RESEARCH IN CELL AND MOLECULAR BIOLOGY THAT WILL PROVIDE LONG-TE RM SOLUTIONS TO HUMAN DISEASES SIMR CONDUCTS BASIC BIOMEDICAL RESEARCH IN THE PUBLIC INTEREST THAT WILL ULTIMATELY PROVIDE A GREATER UNDERSTANDING OF THE GENES AND PROTEINS THAT C ONTROL HOW CELLS IN OUR BODIES MULTIPLY, FORM TISSUES, AND DIE STUDYING THE BASIC BIOLOGY OF CELLS ENABLES SCIENTISTS TO DISCOVER HOW GENES CAUSE MANY DISEASES, INCLUDING CANCER, BIRTH DEFECTS, AND DEMENTIA HISTORY HAS SHOWN THAT BASIC MEDICAL RESEARCH IS OFTEN A KEY FIRST STEP IN THE DEVELOPMENT OF NEW TREATMENTS, CURES, AND PREVENTIONS FOR MANY HUMAN DIS EASES 2019 NOTABLE RESEARCH RESULTS IN 2019, SIMR RESEARCH TEAMS MADE DISCOVERIES MERITIN G PUBLICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS - 74 ORIGINAL RESEARCH PAPERS IN ALL SIMR RESEARCH TEAMS ALSO PRODUCED 34 OTHER PUBLICATIONS INCLUDING REVIEWS, COMMENTA RIES, BOOK CHAPTERS, AND BOOKS SOME OF THE HIGHLIGHTS AMONG THESE PAPERS AND OTHER ADVANCES INVOLVING STOWERS RESEARCH INCLUDE THE FOLLOWING THE KRUMLAUF LAB HELPED LAY THE GROUN DWORK FOR A NEW APPROACH TO TREATING OSTEOPOROSIS WITH AN UNEXPECTED DISCOVERY MADE NEARLY TWO DECADES AGO AFTER UNCOVERING A MECHANISM THAT CONTROLS BONE GROWTH, THEIR WORK WAS P ATENTED A SIGNIFICANT REDUCTION OF FRACTURES THE DRUG ANGEN USED THAT FINDING A S WELL AS OTHERS' RESEARCH ABOUT BONE GROWTH TO DEVELOP A NEW DRUG, ROMOSOZUMB TO PHAS A SCINICAL TRIALS SHOWED A SIGNIFICANT REDUCTION OF FRACTURES THE DRUG ALGONE OF THE USE AGO THE RESPONSIBLE FOR RESEARCH BOOLD FORMING ADMINISTRATION IN JA NUARY 2019 THE LI LAB PUBLISHED A STUDY DESCRIBING HOW BLOOD-FORMING ADMINISTRATION IN JA NUARY 2019 THE LI LAB PUBLISHED A STUDY DESCRIBING HOW BLOOD-FORMING ADMINISTRATION IN JA NUARY 2019 T

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
PART III, LINE 4A	IDENCE FOR ANOTHER LAYER OF INFORMATION WITHIN THE MESSAGES THAT CAN AFFECT MRNA LEVELS AN D STABILITY UNDERSTANDING THE REGULATORY FUNCTION OF RIBOSOMES IN MODULATING GENE EXPRESS ION IN HUMAN CELLS CAN PROVIDE INSIGHT ABOUT CAUSES OF GENE MISREGULATION, WHICH CAN SOMET IMES LEAD TO HUMAN DISEASES THE FINDINGS WERE PUBLISHED ONLINE APRIL 23, 2019, IN ELIFE THE GERTON LAB UNCOVERED AN ANSWER TO A CENTURIES-OLD QUESTION OF HOW CONNECTIONS BETWEEN PARTICULAR HUMAN CHROMOSOMES MIGHT BE BUILT THESE INTER-CHROMOSOMAL CONNECTIONS ARE COMPO SED OF RIBOSOMAL DAW WITH A SHARED SEQUENCE THE FINDINGS SUGGEST THAT THE CONNECTIONS ARE COMPO SED OF RIBOSOMAL DAW WITH A SHARED SEQUENCE THE FINDINGS SUGGEST THAT THE CONNECTIONS ARE CONTROLLED BY THE PROXIMITY OF THE CHROMOSOMES IN THREE-DIMENSIONAL SPACE AND THEIR TRANS CRIPTION, WHICH TOGETHER ALLOW CHROMOSOMES TO BUMP INTO EACH OTHER AND BECOME INTERLOCKED THE FINDINGS COULD PROVIDE CLUES ABOUT THE ORIGINS OF CHROMOSOMAL FUSIONS ASSOCIATED WITH INFERTILITY AND DEVELOPMENTAL DISORDERS IN HUMANS THE ARTICLE WAS PUBLISHED JULY 23, 2019, IN THE JOURNAL OF CELL BIOLOGY THE GIBSON LAB PUBLISHED RESEARCH HIGHLIGHTING THE IMPO RTANCE OF UNIFORM CELL SIZE IN MAINTAINING THE ARCHITECTURE OF EPITHELIAL SHEETS ABNORMAL LY SMALL EPITHELIAL CELLS CAN DISSOCIATE FROM EACH OTHER AND DISPERSE AMONG NORMAL CELLS A SERIES OF EXPERIMENTS SHOWED THAT ABNORMAL SMALL-CELL DISPERSAL RESULTS FROM GEOMETRIC E FFECTS OF CELL SIZE VARIATION ON EPITHELIAL PACKING THESE FINDINGS MAY FURTHER THE UNDERS TANDING OF HUMAN DISEASE PROGRESSION THE STUDY WAS PUBLISHED ONLINE SEPTEMBER 5, 2019, IN DEVELOPMENTAL CELL THE AWALEY LAB DISCOVERED MORE DETAILS ABOUT HOW THE SYNAPTONEMAL COM PLEX IN MEIOSIS PERFORMS ITS JOB THIS LARGE PROTEIN COMPLEX IS A CRITICAL PLAYER IN THE S EGREGATION OF CHROMOSOMES DURING MEIOSIS EXPERIMENTS INDICATED THAT THE X CHROMOSOME OF THE FIRIT TLY IS SENSITIVE TO DEFECTS IN THE STRUCTURE OF THE SYNAPTONEMAL COMPLEX, WITH EFFECTS VARYING DEPENDING PARTLY ON THE STAGE OF MEIOSIS THE RESEA

990	Schedule	O, Sı	upplementa	al Information	

Return Reference	Explanation
1 EFFICIENT DEPLETION OF RIBOSOMAL RNA FOR SEQUENCING IN	PLANARIANS KIM IV, ROSS EJ, DIETRICH S, DORING K, SNCHEZ ALVARADO A, KUHN CD BMC GENOMICS 2019, 20 909 DOI 10 1186/S12864-019-6292-Y 2 BRK PHOSPHORYLATES SMAD4 FOR PROTEASOMAL DEGRADATION AND INHIBITS TUMOR SUPPRESSOR FRK TO CONTROL SNAIL, SLUG AND METASTATIC POTENT IAL MIAH S, BANKS CAS, OGUNBOLUDE Y, BAGU ET, BERG JM, SARAF A, TETTEY TT, HATTEM G, DAYEB GADOH G, KEMPF CG, SARDIU M, NAPPER S, FLORENS L, LUKONG KE, WASHBURN MP SCI ADV 2019, 5 E AAW3113 DOI 3110 1126/SCIADV AAW3113 3 PLANARIANS RECRUIT PIRNAS FOR MRNA TURNOVER IN ADULT STEM CELLS KIM IV, DUNCAN EM, ROSS EJ, GORBOYYTSKA V, NOWOTARSKI SH, ELLIOTT SA, SN CHEZ ALVARADO A, KUHN CD GENES DEV 2019,33 1575-1590 4 AN ADULT BRAIN ATLAS REVEALS BRO AD NEUROANATOMICAL CHANGES IN INDEPENDENTLY EVOLVED POPULATIONS OF MEXICAN CAVEFISH LOOMI S C, PEUSS R, JAGGARD JB, WANG Y,MCKINNEY S, RAFTOPOULOS A, RAFTOPOULOS S, WHU D, GREEN MR, MCGAUGH SE, ROHNER NE, KEENE AC, DUBOUE ER FRONT NEUROANAT 2019, 13 8B DOI 10 3389/FN ANA 2019 00088 5 X CHROMOSOME AND AUTOSOMAL RECOMBINATION ARE DIFFERENTIALLY SENSITIVE T O DISRUPTIONS IN SC MAINTENANCE BILLMYRE KK, CAHOON CK, HEENAN GM, WESLEY ER, YU Z,UNRUH JR, TAKEO S, HAWLEY RS PROC NATL ACAD SCI U S A 2019, 116 21641- 21650 6 AN ATLAS OF TRA NSCRIPTION FACTORS EXPRESSED II MALE PUPAL TERMINALIA OF DROSOPHILA MELANOGASTER VINCENT BJ, RICE GR, WONG GM, GLASSFORD WJ, DOWNS KI, SHASTAY JL, CHARLES-OBI K, NATARAJAN M, GOGO L M, ZEITLINGER J, REBEIZ M G3(BETHESDA) 2019 DOI 10 1534/G3 119 400788 7 DEFINING T HE EXPRESSION OF PIRNA AND TRANSPOSABLE ELEMENTS IN DROSOPHILA OVARIAN GERMLINE STEM CELLS AND SOMATIC SUPPORT CELLS STORY B, MA X, ISHIHARA K, LI H, HALL K, PEAK A, ANOJA P, PARK J, HAUG J, BLANCHETTE M, XIE T LIFE SCI ALLIANCE 2019, 2 E201800211 DOI 10 26508/LSA 20 1800211 8 EVOLUTIONARY ORIGIN AND NOMENCLATURE OF VERTEBRATE WNT11-FAMILY GENES POSTILETH WAIT JH, NAVAJAS ACEDO J, PIOTROWSKI T ZEBRAFISH 2019, 16 469-476 9 PERTURBED CRANIAL NE BURAL CREST CELL DEVELOPMENT IN ASSOCIATION WITH REDUCED SONIC HEDGEHOG SIGNALING UNDE

Return Reference	Explanation
1 EFFICIENT DEPLETION OF RIBOSOMAL RNA FOR SEQUENCING IN	R, CASTRO AF J CELL BIOCHEM 2019, 120 16088-16107 14 CELL-SIZE PLEOMORPHISM DRIVES ABERR ANT CLONE DISPERSAL IN PROLIFERATING EPITHELIA RAMANATHAN SP, KRAJNC M, GIBSON MC DEV CE LL 2019,51 49-61 E44 15 PCP AND WNT PATHWAY COMPONENTS ACT IN PARALLEL DURING ZEBRAFISH MECHANOSENSORY HAIR CELL ORIENTATION NAVAJAS ACEDO J, VOAS MG, ALEXANDER R, WOOLLEY T, U NRUH JR, LI H, MOENS C, PIOTROWSKI T NAT COMMUN 2019,10 3993 DOI 3910 1038/S41467-41019 -12005-Y 16 BIOCHEMICAL REDUCTION OF THE TOPOLOGY OF THE DIVERSE WOR76 PROTEIN INTERACTO ME DAYEBGADOH G, SARDIU ME, FLORENS L, WASHBURN MP J PROTEOME RES 2019,18 3479-3491 17 GENERATING TOPOLOGICAL PROTEIN INTERACTION SCORES AND DATA VISUALIZATION WITH TOPS SARDI U M, FLORENS L, WASHBURN MP P URBLISHED AHEAD OF PRINT SEPTEMBER 3 2019) METHODS 2019 18 CLUSTERMAP COMPARE MULTIPLE SINGLE CELL RNA-SEQ DATASETS ACROSS DIFFERENT EXPERIMENTAL CONDITIONS GAO X, HU D, GOGOL M, LI H BIOINFORMATICS 2019,35 3038-3045 19 AN ATLAS OF ANTERIOR HOX GENE EXPRESSION IN THE EMBRYONIC SEA LAMPREY HEAD HOXCODE EVOLUTION IN VER TEBRATES PARKER HJ, BRONNER ME, KRUMLAUF R DEV BIOL 2019,453 19-33 20 STABLE TRANSGENE SIS IN ASTYANAX MEXICANUS USING THE TOL2 TRANSPOSASE SYSTEM STAHL BA, PEUSS R, MCDOLE B, K ENZIOR A, JAGGARD JB, GAUDENZ K, KRISHNAN J, MCGAUGH SE, DUBOUE ER, KEENE AC, ROHNER N DE V DYN 2019,248 679-687 21 THE E3 UBIQUITIN LIGASE SPOP CONTROLS RESOLUTION OF SYSTEMIC INFLAMMATION BY TRIGGERING MYD88 DEGRADATION GUILLAMOT M, OUAZIA D, DOLGALEV I, YEUNG ST, KOURTIS N, DAI Y, CORRIGAN K, ZEA-REDONDO L, SARPA F, FLORENS L, WASHBURN MP, TIKHONOVA AN, MALUMBRES M, GONG Y, TSIRIGOS A, PARK C, BARBIERI C, KHANNA KM, BUSINO L, AIFANTIS I NAT IMMUNOL 2019,20 1196-1207 22 A CONSERVED REGULATORY PROGRAM INITIATES LATERAL PLATE MES ODERNE MERGENCE ACROSS CHORDATES PRUMMEL KD, HESS C, NIEUWENHUIZE S, PARKER HJ, ROGERS KW, KOZMIKOVA I, RACIOPPI C, C BE, CZARKWIANI A, KNAPP D, BURGER S, CHIAVACCI E, SHAH G, BURGE R A, HUISKEN J, YUN M, CHRISTIAEN L, KOZMIK Z, CHRISTIAEN L, MOLLER P, BRONNER M, KRUMLAUF R

Return

Reference	
1 EFFICIENT DEPLETION OF RIBOSOMAL RNA FOR SEQUENCING IN	659 27 DETECTING AND CHARACTERIZING PROTEIN SELF-ASSEMBLY IN VIVO BY FLOW CYTOMETRY VENK ATESAN S, KANDOLA TS, RODRIGUEZ-GAMA A, BOX A, HALFMANN R J VIS EXP 2019,149 E59577 DOI 59510 53791/59577 28 FILLING IN THE PHYLOGENETIC GAPS INDUCTION, MIGRATION AND DIFFERE NTIATION OF NEURAL CREST CELLS IN A SQUAMATE REPTILE, THE VEILED CHAMELEON (CHAMAELEOCALYP TRATUS) DIAZ RE, JR, SHYLO NA, ROELLIG D, BRONNER M, TRAINOR PA DEV DYN 2019,248 709-72 7 29 THE TRANSCRIPTOME OF THE VEILED CHAMELEON (CHAMAELEO CALYPTRATUS) A RESOURCE FOR S TUDYING THE EVOLUTION AND DEVELOPMENT OF VERTEBRATES PINTO BJ, CARD DC, CASTOE TA, DIAZ R E, JR, NIELSEN SV, TRAINOR PA, GAMBLE T DEV DYN 2019,248 702-708 30 RUNX PROTEINS DES ENSITIZE MULTIPLE MYELOMA TO LENALIDOMIDE VIA PROTECTING IKZFS FROM DEGRADATION ZHOU N, G UTIERREZ-UZQUIZA A, ZHENG XY, CHANG R, VOGL DT, GARFALL AL, BERNABEI L, SARAF A, FLORENS L, WASHBURN MP, ILLENDULA A, BUSHWELLER JH,BUSINO L LEUKEMIA 2019,33 2006-2021 31 ATAXIN -7 AND NON-STOP COORDINATE SCAR PROTEIN LEVELS, SUBCELLULAR LOCALIZATION, AND ACTIN CYTOSKE LETON ORGANIZATION CLOUD V, THAPA A, MORALES-SOSA P, MILLER T, MILLER SA, HOLSAPPLE D, GER HART P, MOMTAHAN E, JACK JL, LEIVA E, RAPP SR, SHELTON LG, PIERCE RA, MARTIN-BROWN S, FLORE NS L, WASHBURN MP, MOHAN RD ELIFE 2019,8 DOI 10 7554/ELIFE 49677 32 STRUCTURES OF AUT OINHIBITED AND POLYMERIZED FORMS OF CARD9 REVEAL MECHANISMS OF CARD9 AND CARD11 ACTIVATION HOLLIDAY MJ, WITT A, RODRIGUEZ GAMA A, WALTERS BT, ARTHUR CP, HALFMANN R, ROHOU A, DUEBER EC, FAIRBROTHER WJ NAT COMMUN 2019,10 3070 DOI 10 1038/S41467-019-10953-Z 33 COMPREH ENSIVE SINGLE-CELL TRANSCRIPTOME LINEAGES OF A PROTO-VERTEBRATE CAO C, LEMAIRE LA, WANG W, YOON PH, CHOI YA, PARSONS LR, MATESE JC, WANG W, LEVINE M, CHEN K NATURE 2019,571 349-35 4

Explanation

	,
Return Reference	Explanation
34 AMYLOID- LIKE ASSEMBLY ACTIVATES A PHOSPHATASE IN THE DEVELOPING	DROSOPHILA EMBRYO NIL Z, MILLAN RH, GERBICH T, LEAL P, YU Z, SARAF A, SARDIU M, LANGE JJ, YI K, UNRUH J, SLAUGHTER B, SI K CELL 2019, 178 1403-1420 E1421 35 SUPER-RESOLUTION MI CROSCOPY REVEALS LINKAGES BETWEEN RIBOSOMAL DNA ON HETEROLOGOUS CHROMOSOMES POTAPOVA TA, UNRUH JR, YU Z, RANCATI G, LI H, STAMPFER MR, GERTON JL J CELL BIOL 2019, 218 2492-2513 36 SIGNATURES OF DIVERGENCE, INVASIVENESS AND TERRESTRALIZATION REVEALED BY FOUR APPLE SN AN BIG BENOMES SUN J, MU H, P JCH, LI R, XU T, ACCORSI A, SNCHEZ ALVARADO A, ROSS E, LAN Y, SUN Y, CASTRO-VAZQUEZ A, VEGA IA, HERAS H, ITUARTE S, VAN BOCXLAER B, HAYES KA, COWIE RH, ZHAO Z, ZHANG Y, QIAN PY, QIU JW MOL BIOL EVOL 2019,36 1507-1520 37 P53 AND B-CATENIN EXPRESSION PREDICT POORER PROGNOSIS IN PATIENTS WITH ANAPLASTIC LARGE-CELL LYMPHOMA RICH ARDSON AI, YIN CC, CUI W, LI N, MEDEIROS LJ, LI L, ZHANG D CLIN LYMPHOMA MYELOMA LEUK 20 19,19 E335-E392 DOI 310 1016/J CLML 2019 1003 1030 38 THE STOICHIOMETRY OF THE OUTER K INETOCHORE IS MODULATED BY MICROTUBULE-PROXIMAL REGULATORY FACTORS DHATCHINAMOORTHY K, UN RUH JR, LANGE JJ, LEVY M, SLAUGHTER BD, GERTON JL J CELL BIOL 2019,218 2124-2135 39 TH E EXOCYST FUNCTIONS IN NICHE CELLS TO PROMOTE GERMLINE STEM CELL DIFFERENTIATION BY DIRECT LY CONTROLLING EGFR MEMBRANDE TRAFFICKING MAO Y, TU R, HUANG Y, MAO D, YANG Z, LAU PK, WAN G J, NI J, GUO Y, XIE T DEVELOPMENT 2019,146 DEV174615 DOI 174610 171242/DEV 174615 40 A ROLE FOR FACT IN RNA POLYMERASE II PROMOTER-PROXIMAL PAUSING TETTETY TT, GAO X, SHAO W , STORY BA, CHITSAZAN AD, GLASER RL, SEIDEL CW, CONAWAY RC, ZEITLINGER J, BLANCHETTE M, CO NAWAY JW CELL REP 2019,27 3770-3779 E7 41 JUNCTIONAL TUMOR SUPPRESSORS INTERACT WITH 1 4-3-3 PROTEINS TO CONTROL PLANAR SPINDLE ALIGNMENT NAKAJIMA YI, LEE ZT, MCKINNEY SA, SWAN SON SK, FLORENS L, GIBSON MC J CELL BIOL 2019,218 1824-1838 42 STRUCTURE AND FUNCTION OF SPC42 COILED-COILS IN YEAST CENTROSOME ASSEMBLY AND DUPLICATION DERNANA AC, KRISHNAN S, SEEGER MA, ANDREAS MP, GARDNER JM, SETHER EKR, JASPERSEN SL, RAYMENT IN DISONOSHIA S, SEE

Return Reference	Explanation
34 AMYLOID- LIKE ASSEMBLY ACTIVATES A PHOSPHATASE IN THE DEVELOPING	ATION COMPLEXES FOR DISSECTING CO-TRANSCRIPTIONAL RNA PROCESSING EVENTS NOE GONZALEZ M, CONAWAY JW, CONAWAY RC J VIS EXP 2019,147 DOI 10 3791/59497 48 HYPO-OSMOTIC-LIKE STRE SS UNDERLIES GENERAL CELLULAR DEFECTS OF ANEUPLOIDY TSAI HJ, NELLIAT AR, CHOUDHURY MI, KU CHARAVY A, BRADFORD WD, COOK ME, KIM J, MAIR DB, SUN SX, SCHATZ MC, LI R NATURE 2019,570 117-121 49 YEAST CENTROSOME COMPONENTS FORM A NONCANONICAL LINC COMPLEX AT THE NUCLEAR ENVELOPE INSERTION SITE CHEN J, GARDNER JM, YU Z, SMITH SE, MCKINNEY S, SLAUGHTER BD, UNR UH JR, JASPERSEN SL J CELL BIOL 2019,218 1478-1490 50 DOPAMINE RECEPTOR ANTAGONISTS AS POTENTIAL THERAPEUTIC AGENTS FOR ADPKD PAUL P, RAMACHANDRAN S, XIA S, UNRUH JR, CONKRIGHT F-INCHAM J, LI R PLOS ONE 2019,14 E0216220 DOI 10 1371/JOURNAL PONE 0216220 51 REPO RTER-CHIP-NEXUS REVEALS STRONG CONTRIBUTION OF THE DROSOPHILA INITIATOR SEQUENCE TO RNA PO LYMERASE PAUSING SHAO W, ALCANTARA SG, ZEITLINGER J ELIFE 2019,8 E41461 DOI 41410 475 54/ELIFE 41461 52 TRANSLATION AFFECTS MRNA STABILITY IN A CODON-DEPENDENT MANNER IN HUMA N CELLS WU Q, MEDINA SG, KUSHAWAH G, DEVORE ML, CASTELLANO LA, HAND JM, WRIGHT M, BAZZINI AA ELIFE 2019,8 E45396 DOI 45310 47554/ELIFE 4398 53 SET1-CATALYZED 13K4 TRIMETHYL ATION ANTAGONIZES THE HIR/ASF1/RTT106 REPRESSOR COMPLEX TO PROMOTE HISTONG EENE EXPRESSION AND CHRONOLOGICAL LIFE SPAN MEI Q, XU C, GOGOL M, TANG J, CHEN W, YU X, WORKMAN JL, LI S NUCLEIC ACIDS RES 2019,47 3434-3449 54 EVALUATING CHROMATOGRAPHIC APPROACHES FOR THE CUANTITATIVE ANALYSIS OF A HUMAN PROTEOME ON ORBITRAP-BASED MASS SPECTROMETRY SYSTEMS ZHA NG Y, WEN Z, WASHBURN MP, FLORENS L J PROTEOME RES 2019,18 1657-1669 55 DISTRIBUTION O F PROTEINS ATTHE INNER NUCLEAR MEMBRANE IS REGULATED BY THE ASI1 E3 LIGASE IN SACCHAROMYC ES CEREVISIAE SMOYER CJ, SMITH SE, GARDNER JM, MCCROSKEY S, UNRUH JR, JASPERSEN SL GENET ICS 2019,211 1269-1282 56 DYRK1A REGULATES THE RECRUITMENT OF 53BP1 TO THE SITES OF DNA DAMAGE IN PART THROUGH INTERACTION WITH RNF169 MENON VR. ANANTHAPADAMANABHAN V, SWANSON S, SAIN; S, SEASY F

Return Reference  34 AMYLOID-LIKE ASSEMBLY ACTIVATES A PHOSPHATASE IN THE DEVELOPING  DEVELOPING  Return Reference  WASHBURN MP, ABMAYR SM, WORKMAN JL NUCLEIC ACIDS RES 2019,47 3383-3394 61 A CHEMOPROT EOMIC PORTRAIT OF THE ONCOMETABOLITE FUMARATE KULKARNI RA, BAK DW, WEI D, BERGHOLTZ SE, B RINEY CA, SHRIMP JH, ALPSOY A, THORPE AL, BAVARI AE, CROOKS DR, LEVY M, FLORENS L, WASHBUR N MP, FRIZZELL N, DYKHUIZEN EC, WEERAPANA E, LINEHAN WM, MEIER JL NAT CHEM BIOL 2019,15 391-400 62 HOST VESICLE FUSION PROTEIN VAPB IS REQUIRED FOR THE NUCLEAR EGRESS STAGE OF H ERPES SIMPLEX VIRUS TYPE-1 (HSV-1) REPLICATION SAIZ-ROS N, CZAPIEWSKI R, EPIFANO I, STEVE NSON A, SWANSON SK, DIXON CR, ZAMORA DB, MCELWEE M, VIJAYAKRISHNAN S, RICHARDSON CA, DONG L, KELLY DA, PYTOWSKI L, GOLDBERG MW, FLORENS L, GRAHAM SV, SCHIRMER EC CELLS 2019,8 E12 0 DOI 110 3390/CELLS8020120 63 TOWARDS THE MOLECULAR DECIPHERING OF POMACEA CANALICULA TA IMMUNITY FIRST PROTEOMIC ANALYSIS OF	B-4	F
34 AMYLOID- LIKE ASSEMBLY ACTIVATES A PHOSPHATASE IN THE DEVELOPING DEVELOPING  WASHBURN MP, ABMAYR SM, WORKMAN JL NUCLEIC ACIDS RES 2019,47 3383-3394 61 A CHEMOPROT EOMIC PORTRAIT OF THE ONCOMETABOLITE FUMARATE KULKARNI RA, BAK DW, WEI D, BERGHOLTZ SE, B RINEY CA, SHRIMP JH, ALPSOY A, THORPE AL, BAVARI AE, CROOKS DR, LEVY M, FLORENS L, WASHBUR N MP, FRIZZELL N, DYKHUIZEN EC, WEERAPANA E, LINEHAN WM, MEIER JL NAT CHEM BIOL 2019,15 391-400 62 HOST VESICLE FUSION PROTEIN VAPB IS REQUIRED FOR THE NUCLEAR EGRESS STAGE OF H ERPES SIMPLEX VIRUS TYPE-1 (HSV-1) REPLICATION SAIZ-ROS N, CZAPIEWSKI R, EPIFANO I, STEVE NSON A, SWANSON SK, DIXON CR, ZAMORA DB, MCELWEE M, VIJAYAKRISHNAN S, RICHARDSON CA, DONG L, KELLY DA, PYTOWSKI L, GOLDBERG MW, FLORENS L, GRAHAM SV, SCHIRMER EC CELLS 2019,8 E12 0 DOI 110 3390/CELLS8020120 63 TOWARDS THE MOLECULAR DECIPHERING OF POMACEA CANALICULA TA IMMUNITY FIRST PROTEOMIC ANALYSIS OF		Explanation
LIKE ASSEMBLY ACTIVATES A PHOSPHATASE IN THE DEVELOPING DEVELOPING DEVELOPING  PORTRAIT OF THE ONCOMETABOLITE FUMARATE KULKARNI RA, BAK DW, WEI D, BERGHOLTZ SE, B RINEY CA, SHRIMP JH, ALPSOY A, THORPE AL, BAVARI AE, CROOKS DR, LEVY M, FLORENS L, WASHBUR N MP, FRIZZELL N, DYKHUIZEN EC, WEERAPANA E, LINEHAN WM, MEIER JL NAT CHEM BIOL 2019,15 391-400 62 HOST VESICLE FUSION PROTEIN VAPB IS REQUIRED FOR THE NUCLEAR EGRESS STAGE OF H ERPES SIMPLEX VIRUS TYPE-1 (HSV-1) REPLICATION SAIZ-ROS N, CZAPIEWSKI R, EPIFANO I, STEVE NSON A, SWANSON SK, DIXON CR, ZAMORA DB, MCELWEE M, VIJAYAKRISHNAN S, RICHARDSON CA, DONG L, KELLY DA, PYTOWSKI L, GOLDBERG MW, FLORENS L, GRAHAM SV, SCHIRMER EC CELLS 2019,8 E12 0 DOI 110 3390/CELLS8020120 63 TOWARDS THE MOLECULAR DECIPHERING OF POMACEA CANALICULA TA IMMUNITY FIRST PROTEOMIC ANALYSIS OF		
CIRCULATING HEMOCYTES BORALDIF, LOFARO FD, ACCO RSI A, ROSS E, MALAGOLI D' PROTEOMICS 2019,19 E1800314 DOI 1800310 1801002/PMIC 2018003 14 64 DEFINING GENE NETWORKS CONTROLLING THE MAINTENANCE AND FUNCTION OF THE DIFFERENTIA TION NICHE BY AN IN VIVO SYSTEMATIC RNAI SCREEN GAO Y, MAO Y, XU RG, ZHU R, ZHANG M, SUN J, SHEN D, PENG P, XIE T, NI JQ J GENET GENOME 2019,46 19-30 65 SCRNA-SEQ REVEALS DIST INCT STEM CELL POPULATIONS THAT DRIVE HAIR CELL REGENERATION AFTER LOSS OF FGF AND NOTCH S IGNALING LUSH ME, DIAZ DC, KOENECKE N, BAEK S, BOLDT H, ST PETER MK, GAITAN-ESCUDERO T, R OMERO-CARVAJAL A, BUSCH-NENTWICH EM, PERERA AG, HALL KE, PEAK A, HAUG JS, PIOTROWSKI T EL IFE 2019,8 E44431 DOI 44410 47554/ELIFE 44431 66 N-CADHERIN-EXPRESSING BONE AND MARRO W STROMAL PROGENITOR CELLS MAINTAIN RESERVE HEMATOPOIETIC STEM CELLS ZHAO M, TAO F, VENKA TRAMAN A, LI Z, SMITH SE, UNRUH J, CHEN S, WARD C, QIAN P, PERRY JM, MARSHALL H, WANG J, H E XC, LI L CELL REP 2019,26 652-669 E656 67 THE DROSOPHILA DBF4 ORTHOLOG CHIFFON FORMS A COMPLEX WITH GCN5 THAT IS NECESSARY FOR HISTONE ACETYLATION AND VIABILITY TORRES-ZELAD A EF, STEPHENSON RE, ALPSOY A, ANDERSON BD, SWANSON SK, FLORENS L, DYKHUIZEN EC, WASHBURN MP, WEAKE VM J CELL SCI 2019,132 JCS 214072 68 ELECTROPORATION OF SHORT HAIRPIN RNAS F OR RAPID AND EFFICIENT GENE KNOCKDOWN IN THE STARLET SEA ANEMONE, NEMATOSTELLA VECTENSIS KARABULUT A, HE S, CHEN CY, MCKINNEY SA, GIBSON MC DEV BIOL 2019,448 7-15 69 OOCYTE-SP ECIFIC DELETION OF HDAC8 IN MICE REVEALS STAGE-SPECIFIC EFFECTS ON FERTILITY SINGH VP, YU EH WT, GERTON JL, DUNCAN FE REPRODUCTION 2019,157 305-316 70 NARYA, A RING FINGER DOMA IN-CONTAINING PROTEIN, IS REQUIRED FOR BOTH MEIOTIC DNA DOUBLE-STRAND BREAK FORMATION AND CROSSOVER MATURATION IN DROSOPHILA MELANOGASTER LAKE CM, NIELSEN RJ, BONNER AM, ECHE S, W HITE-BROWN S, MCKIM KS, HAWLEY RS PLOS GENET 2019,15 E1007886 DOI 1007810 1001371/JOURN AL PGEN 1007886	LIKE ASSEMBLY ACTIVATES A PHOSPHATASE IN THE	PORTRAIT OF THE ONCOMETABOLITE FUMARATE KULKARNI RA, BAK DW, WEI D, BERGHOLTZ SE, B RINEY CA, SHRIMP JH, ALPSOY A, THORPE AL, BAVARI AE, CROOKS DR, LEVY M, FLORENS L, WASHBUR N MP, FRIZZELL N, DYKHUIZEN EC, WEERAPANA E, LINEHAN WM, MEIER JL NAT CHEM BIOL 2019,15 391-400 62 HOST VESICLE FUSION PROTEIN VAPB IS REQUIRED FOR THE NUCLEAR EGRESS STAGE OF H ERPES SIMPLEX VIRUS TYPE-1 (HSV-1) REPLICATION SAIZ-ROS N, CZAPIEWSKI R, EPIFANO I, STEVE NSON A, SWANSON SK, DIXON CR, ZAMORA DB, MCELWEE M, VIJAYAKRISHNAN S, RICHARDSON CA, DONG L, KELLY DA, PYTOWSKI L, GOLDBERG MW, FLORENS L, GRAHAM SV, SCHIRMER EC CELLS 2019,8 E12 0 DOI 110 3390/CELLS8020120 63 TOWARDS THE MOLECULAR DECIPHERING OF POMACEA CANALICULA TA IMMUNITY FIRST PROTEOMIC ANALYSIS OF CIRCULATING HEMOCYTES BORADLI F, LOFARO FD, ACCO RSI A, ROSS E, MALAGOLI D PROTEOMICS 2019,19 E1800314 DOI 1800310 1801002/PMIC 2018003 14 64 DEFINING GENE NETWORKS CONTROLLING THE MAINTENANCE AND FUNCTION OF THE DIFFERENTIA TION NICHE BY AN IN VIVO SYSTEMATIC RNAI SCREEN GAO Y, MAO Y, XU RG, ZHU R, ZHANG M, SUN J, SHEN D, PENG P, XIE T, NI JQ J GENET GENOME 2019,46 19-30 65 SCRNA-SEQ REVEALS DIST INCT STEM CELL POPULATIONS THAT DRIVE HAIR CELL REGENERATION AFTER LOSS OF FGF AND NOTCH S IGNALING LUSH ME, DIAZ DC, KOENECKE N, BAEK S, BOLDT H, ST PETER MK, GAITAN-ESCUDERO T, R OMERO-CARVAJAL A, BUSCH-NENTWICH EM, PERERA AG, HALL KE, PEAK A, HAUG JS, PIOTROWSKI T EL IFE 2019,8 E4431 DOI 44410 47554/ELIFE 44431 66 N-CADHERIN-EXPRESSING BONE AND MARRO W STROMMAL PROGENITOR CELLS MAINTAIN RESERVE HEMATOPOIETIC STEM CELLS ZHAO M, TAO F, VENKA TRAMAN A, LI Z, SMITH SE, UNRUH J, CHEN S, WARD C, QIAN P, PERRY JM, MARSHALL H, WANG J, H E XC, LI L CELL REP 2019,26 652-669 E656 67 THE DROSOPHILA DBF4 ORTHOLOG CHIFFON FORMS A COMPLEX WITH GCNS THAT IS NECESSARY FOR HISTONE ACETYLATION AND VIABILITY TORRES-ZELAD A EF, STEPHENSON RE, ALPSOY A, ANDERSON BD, SWANSON SK, FLORENS L, DYKHUIZEN EC, WASHBURN MP, WEAKE W M J CELL SCI 2019,132 JCS 214072 68 ELECTROPORATION OF SHORT HAIRPIN RNAS F OR R

Return Reference	Explanation
71 SHH PLAYS AN INHIBITORY ROLE IN CUSP PATTERNING BY REGULATION OF	SOSTDC1 KIM J, AHN Y, ADASOORIYA D, WOO EJ, KIM HJ, HU KS, KRUMLAUF R, CHO SW J DENT RES 2019,98 98-106 72 FUNCTIONAL CONSEQUENCES OF THE EVOLUTION OF MATRIMONY, A MEIOSIS-SPE CIFIC INHIBITOR OF POLO KINASE BONNER AM, HAWLEY RS MOL BIOL EVOL 2019,36 69-83 73 GL YCOLYSIS REGULATES GENE EXPRESSION BY PROMOTING THE CROSSTALK BETWEEN H3K4 TRIMETHYLATION AND H3K14 ACETYLATION IN SACCHAROMYCES CERVISIAE WU Y, ZHANG S, GONG X, YU Q, ZHANG Y, LU O M, ZHANG X, WORMAN JL, YU X, LI S J GENET GENOMICS 2019,46 561-574 74 UNIDIRECTIONAL PROPULSION OF PLANAR MAGNETIC NANOMACHINES COHEN K-J, RUBINSTEIN BY, KENNETH O, LESHANSK Y AM PHYS REV APPLIED 2019,12 014025 1-10 REVIEWS, COMMENTARIES, CHAPTERS, AND BOOKS 1 CONTINUING THE ADVANCEMENT OF JOURNAL OF HISTOTECHNOLOGY - ONE ISSUE AT A TIME WANG Y J HISTOTECHNOL 2019,42 165-166 2 EXOGENOUS PYRUVATE REPRESSES HISTONE GENE EXPRESSION AN D INHIBITS CANCER CELL PROLIFERATION VIA THE NAMPT-NAD+-SIRT1 PATHWAY MA R, WU Y, ZHAI Y, HU B, MA W, YANG W, YU Q, CHEN Z, WORKMAN JL, YU X, LI S NUCLEIC ACIDS RES 2019,47 1113 2-11150 3 THE JOY OF BALANCERS MILLER DE, COOK KR, HAWLEY RS PLOS GENET 2019,15 E1008 421 DOI 1008410 1001371/JOURNAL PGEN 1008421 4 REBOOTING THE EPIGENOME ERASURE OF PAR ENTAL HISTONE MARKS FOR ESTABLISHING THE REGULATORY LANDSCAPE IN ZYGOTES BHATTACHARYA S, WORKMAN JL PUBLISHED AHEAD OF PRINT OCTOBER 23 2019] BIOCHEMISTRY 2019 5 BEYDOND BASI CA THE STOWERS INSTITUTE FOR MEDICAL RESEARCH BLAND K, ORR AA MO MED 2019,116 457-460 6 AN INTERDISCIPLINARY APPROACH TO INVESTIGATE COLLECTIVE CELL MIGRATION IN NEURAL CRES T GINIUNAITE R, MCLENNAN R, MCKINNEY MC, BAKER RE, KULESA PM, MAININ PK (PUBLISHED AHEAD OF PRINT OCTOBER 18 2019) DEV DYN 2019 7 PURIFICATION AND ENZYMATIC ASSAY OF CLASS I H ISTONE DEACETYLASE ENZYMES ADAMS MK, BANKS CAS, MIAH S, KILLER M, WASHBURN MP METHODS EN ZYMOL 2019,626 23-40 8 COMPARING SENSORY ORGANS TO DEFINE THE PATH FOR PAH POLY HAVE A CHERCEN RATION DEANAN N, BAEK S, PIOTROWSKI T ANNUN REV CELL DEV BIOL 2019,35 568-589 9 NSL CO MPLEX ACETYLATES LAM

Return Reference	Explanation
BY	FAMILY OF KILLERS DE CARVALHO M, ZANDERS SE ELIFE 2019,8 E46454 DOI 46410 47554/ELIF E 46454 17 WHEN MOTHERS LEAVE THEIR MARK BARAJAS-AZPELETA R, SI K ELIFE 2019,8 E48899 DOI 48810 47554/ELIFE 48899 18 HEMATOPOIETIC STEM CELLS SELF-RENEWAL AND EXPANSION L I Z, HE XC, LI L CURR OPIN HEMATOL 2019,26 258-265 19 FERTILITY COSTS OF MEIOTIC DRIVE RS ZANDERS SE, UNCKLESS RL CURR BIOL 2019,29 R512-R520 20 CORNELIA DE LANGE SYNDROME, RELATED DISORDERS, AND THE COHESIN COMPLEX ABSTRACTS FROM THE 8TH BIENNIAL SCIENTIFIC AND EDUCATIONAL SYMPOSIUM 2018 KLINE AD, KRANTZ ID, BANDO M, SHIRAHIGE K, CHEA S, SAKATA T, RAO S, DORSETT D, SINGH VP, GERTON JL, HORSFIELD JA, CALOF AL, KATZ O, GRADOS M, RAIBLE S, BARANANO K, LYON G, MUSIO A, CARRICO CS, CLEMENS DK, CAUDILL P, MASSA V, MCGILL BE, DOMM ESTRUP A, O'CONNOR J, HAALAND RE AM J MED GENET A 2019, 179 1030-1090 21 HOX GENES DOW NSTREAM "EFFECTORS" OF RETINOIC ACID SIGNALING IN VERTEBRATE EMBRYOGENESIS NOLTE C, DE KU MAR B, KRUMLAUF R GENESIS 2019 E23306 DOI 10 1002/DVG 23306 22 NICHE CELLS REWIRED TO MAINTAIN HSCS EX VIVO VENKATRAMAN A, LI L NAT CELL BIOL 2019, 21 540-541 23 COMMENTAR Y ON "REGENERATION, DUPLICATION AND TRANSDETERMINATION IN FRAGMENTS OF THE LEG DISC OF DRO SOPHILA MELANOGASTER" SCHUBIGER, G (1971) DEV BIOL 2019, 449 63-82 (BISSON MC DEV BIO L 2019, 449 63-82 (BISSON MC) DEV BIOL 2019, 1976 107-119 26 OBSERVATION OF PLASMID DNA AND MORPHOLINOS INTO SPECIFIC TISSUES DURING EARLY EMBRYOGENESIS MCLENNAN R, KULESA PM METHODS MOL BIOL 2019, 1976 71-82 25 MOUSE EMBRYO CULTURE FOR THE STUDY OF NEURAL CREST CELLS MUNOZ WA, TRAINOR PA ME THODS MOL BIOL MEIOSIS 2019, 1976 107-119 26 OBSERVATION OF TWO SEPRARTE BIPOLAR SPINDLE SI IN THE HUMAN ZYGOTE XU, X, LI L, ZHANG C, MENG L J ASSIST REPROD GENET 2019, 36 601-602 CORRECTION J ASSIST REPROD GENET 2019, 1916 0107-119 26 OBSERVATION OF TWO SEPRARTE BY A SWELT FISH FISH HIGH MO

Return	Explanation
Reference	Ехріанацон
BY	3 RIBOSOMAL DNA-CONNECTING RIBOSOME BIOGENESIS AND CHROMOSOME BIOLOGY POROKHOVNIK L, GER TON JL CHROMOSOME RES 2019,27 1-3 34 RECENT ADVANCES IN UNDERSTANDING INTESTINAL STEM CELL REGULATION HU D, YAN H, HE XC, LI L F1000RES 2019,8 F1000 FACULTY REV-72 PUBLISHE D 2019 JAN 18 DOI 10 12688/F1000RESEARCH 16793 1 COMPETITIVE RESEARCH GRANT FUNDING & RES EARCH AWARDS & DISTINCTIONS THE ABILITY OF SIMR SCIENTISTS TO RECEIVE COMPETITIVELY AWARDE D RESEARCH FUNDING ATTESTS TO THE HIGH LEVEL OF RESEARCH PRODUCTIVITY PRESENT AT SIMR DUR ING 2019, SIMR SCIENTISTS WORKED WITH THE SUPPORT OF 31 GRANTS AND FELLOWSHIPS FROM THE NA TIONAL INSTITUTES OF HEALTH, TWO GRANTS FROM THE NATIONAL SCIENCE FOUNDATION, TWO GRANTS FROM THE MARCH OF DIMES, ONE GRANT FROM THE GREATER KANSAS CITY COMMUNITY FOUNDATION, ONE G RANT FROM THE HEARING HEALTH FOUNDATION, ONE FELLOWSHIP FROM THE JANE COFFIN CHILDS MEMORI AL FUND, ONE AWARD FROM THE SEARLE SCHOLARS PROGRAM, ONE AWARD FROM THE PEW CHARITABLE TRU STS, ONE AWARD FROM THE UNIVERSITY OF KANSAS ENDOWMENT ASSOCIATION, ONE GRANT FROM THE EDW ARD MALLINCKRODT JR FOUNDATION, ONE GRANT FROM THE JUVENILE DIABETES RESEARCH FOUNDATION, ONE GRANT FROM THE UNIVERSITY OF KANSAS ALZHEIMER'S DISEASE CENTER, ONE GRANT FROM THE UNIVERSITY OF KANSAS CANCER CENTER, AND ONE INVESTIGATOR AWARD FROM THE HOWARD HUGHES MEDICA L INSTITUTE SUPPORT FROM NEW AND CONTINUING AWARDS TO SIMR TOTALED MORE THAN \$6 2 MILLION IN 2019 TO SUPPLEMENT INCOME FROM THE SUPPORT FROM THE JUVENILE DIABETES RESEARCH FOUNDATION, IN GRANT FROM THE JUVENILE SERSEARCH FOUNDATION IN SIRP ARE THE AWARDS AND HONORS SIMR MEMBERS RECEIVED IN 2019 1 NICO LAS ROHNER, PHD, RECEIVED A TWO-YEAR GRANT FROM THE JUTE SHIP IN TOTALED MORE THAN \$6 2 MILLION IN 2019 TO SUPPLEMENT INCOME FROM THE SHOWENTS TESTIFYING TO THE HIGH LEVEL OF ACHIEVE MENT TAKING PLACE AT SIMR ARE THE AWARDS AND HONORS SIMR MEMBERS RECEIVED IN 2019 1 NICO LAS ROHNER, PHD, RECEIVED A TWO-YEAR GRANT FROM THE NIH BUNICE SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOP

Return Reference	Explanation
10 JIANZHENG WU, A UNIVERSITY OF KANSAS MEDICAL CENTER PREDOCTORAL	RESEARCHER IN THE HALFMANN LAB, WAS AWARDED A ONE-YEAR FELLOWSHIP FROM THE UNIVERSITY OF K ANSAS MEDICAL CENTER INSTITUTE FOR NEUROLOGICAL DISCOVERIES INDEPENDENT RESEARCH PROGRAM L EADERS LABORATORIES INDIVIDUAL SCIENTISTS AT THE SIMR SPECIALIZE IN THE STUDY OF ONE OR MO RE PARTICULAR GENES, PROTEINS, OR OTHER MOLECULES, EACH OF WHICH MAY CAUSE OR INFLUENCE VA RIOUS KINDS OF DISEASE A COMPREHENSIVE LIST OF RESEARCH LEADERS FOLLOWS 1 ALEJANDRO SNC HEZ ALVARADO, PHD, SCIENTIFIC DIRECTOR, INVESTIGATOR, AND HOWARD HUGHES MEDICAL INSTITUTE INVESTIGATOR, JOINED SIMR IN 2011 FROM THE UNIVERSITY OF UTAH'S SCHOOL OF MEDICINE, WHERE HE HELD THE H A & EDNA BENNING PROFESSORSHIP OF NEUROBIOLOGY AND ANATOMY HE RECEIVED A B S IN MOLECULAR BIOLOGY AND CHEMISTRY FROM VANDERBILT UNIVERSITY IN NASHVILLE, TENN, AND A PHD IN PHARMACOLOGY AND CELL BIOPHYSICS FROM THE UNIVERSITY OF CINCINNATI COLLEGE OF MEDI CINE IN CINCINNATI, OHIO RESEARCH FOCUS THE MOLECULAR AND CELLULAR MECHANISMS UNDERPINNI NG ANIMAL REGENERATION USING THE PLANARIAN SCHMIDTEA MEDITERRANEA AS A MODEL SYSTEM 2 AR IEL BAZZINI, PHD, ASSISTANT INVESTIGATOR, JOINED SIMR IN 2016 FROM THE LAB OF ANTONIO J G IRALDEZ, PHD, IN THE DEPARTMENT OF GENETICS AT YALE UNIVERSITY, WHERE HE COMPLETED A POSTD OCTORAL FELLOWSHIP DR BAZZINI RECEIVED HIS PHD IN MOLECULAR BIOLOGY AT THE UNIVERSITY OF BUENOS AIRES, ARGENTINA FOR HIS DOCTORAL DISSERTATION, HE STUDIED PLANT GENETICS AT THE INSTITUTE OF BIOTECHNOLOGY IN ARGENTINA'S NATIONAL INSTITUTE OF AGRICULTURAL TECHNOLOGY (IN TA), RESEARCH FOOLOGY IN ARGENTINA'S NATIONAL INSTITUTE OF AGRICULTURAL TECHNOLOGY (IN TA), RESEARCH FOOLOGY FINE REGULATION OF GENE EXPRESSION IN VERTEBRATES 3 JOAN CONAWAY, P HD, INVESTIGATOR, JOINED SIMR IN 2001 FROM THE OKLAHOMA MEDICAL RESEARCH FOUNDATION WHERE SHE WAS AN ASSOCIATE INVESTIGATOR OF THE REGULATION OF GENE EXPRESSION IN VERTEBRATES TO AND ADDITIONAL AND CELL BIOLOGY FROM THE OKLAHOMA MEDICAL RESEARCH FOUNDATION WHERE SHE WAS AN ASSOCIATE INVESTIGATOR OF GENE TRANSCRIPTION 4 RONALD CONAWAY, PHD

Return Reference	Explanation
10 JIANZHENG WU, A UNIVERSITY OF KANSAS MEDICAL CENTER PREDOCTORAL	RECEIVED A PHD IN ZOOLOGY FROM THE UNIVERSITY OF WASHINGTON RESEARCH FOCUS GENETIC ANALY SIS OF MECHANISMS CONTROLLING SIGNAL TRANSDUCTION, CELL PROLIFERATION, AND EPITHELIAL MORP HOGENESIS DURING DROSOPHILA DEVELOPMENT 7 RANDAL HALFMANN, PHO, ASSISTANT INVESTIGATOR, JOINED SIMR IN 2015 FROM THE UNIVERSITY OF TEXAS (UT) SOUTHWESTERN MEDICAL CENTER HE RECE IVED A PHD IN BIOLOGY FROM THE WASSACHUSETTS INSTITUTE OF TECHNOLOGY, WHERE HE WAS A NATIO NAL SCIENCE FOUNDATION PREDOCTORAL FELLOW AFTER COMPLETING HIS GRAPULATE STUDIES, DR HALF MANN OBTAINED AN INDEPENDENT POSITION AT UT SOUTHWESTERN MEDICAL CENTER WHERE HE WAS A SAR A AND FRANK MCKNIGHT FELLOW AND RECEIVED A DIRECTOR'S EARLY INDEPENDENCE AWARD FROM THE NA TIONAL INSTITUTES OF HEALTH RESEARCH FOCUS CELLULAR AND EVOLUTIONARY IMPLICATIONS OF PRO TEIN SELF-ASSEMBLY USING GENETIC, BIOCHEMICAL, AND CELL-BIOLOGICAL APPROACHES 8 R SCOTT HAWLEY, PHD, INVESTIGATOR AND DEAN EMERITUS OF THE GRADUATE SCHOOL, JOINED SIMR IN 2001 F ROM THE UNIVERSITY OF CALIFORNIA-DAVIS WHERE HE WAS A PROFESSOR OF GENETICS IN THE MOLECUL AR AND CELLULAR BIOLOGY SECTION DR HAWLEY EARNED A PHD IN GENETICS FROM THE UNIVERSITY OF WASHINGTON AND COMPLETED POSTDOCTORAL TRAINING AS A HELEN HAY WHITNEY FELLOW AT THE INSTITUTE FOR CANCER RESEARCH IN PHILADELPHIA RESEARCH FOCUS INVESTIGATION OF MECHANISMS THA T INFLUENCE HOW CHROMOSOMES PAIR AND SEGREGATE DURING MEIOSIS USING DROSOPHILA AS AN EXPER IMENTAL SYSTEM 9 SUE JASPERSEN, PHD, ASSOCIATE INVESTIGATON, JOINED SIMR IN 2005 FROM THE LABORATORY OF DR MARK WINEY AT THE UNIVERSITY OF COLORADO-BOULDER WHERE SHE WAS A KECK FOUNDATION FELLOW, A HELEN HAY WHITNEY FELLOW. AND THE RECIPIENT OF A LEUKEMIA & LYMPHOMA SOCIETY CAREER DEVELOPMENT AWARD DR JASPERSEN HOLDS A PHD IN BIOCHEMISTRY FROM THE UNIVE RSITY OF CALIFORNIA-SAN FRANCISCO RESEARCH FOCUS INNER NUCLEAR MEMBRANE PROTEIN LOCALIZATION AND ROLE IN CHROMOSOME POSITIONING AND SEGREGATION 10 ROBERT KRUMLAUF, PHD, SCIENTIFIC FOR MEDICAL RESEARCH, THE RIDGEWAY, MILL HILL, LONDON, WHERE HE WAS HEAD

Return Reference	Explanation
10 JIANZHENG WU, A UNIVERSITY OF KANSAS MEDICAL CENTER PREDOCTORAL	EL APPROACHES 12 TATJANA PIOTROWSKI, PHD, INVESTIGATOR, JOINED SIMR IN 2011 FROM THE UNI VERSITY OF UTAH'S SCHOOL OF MEDICINE, WHERE SHE WAS AN ASSOCIATE PROFESSOR IN THE DEPARTME NT OF NEUROBIOLOGY AND ANATOMY SHE RECEIVED HER MASTER'S DEGREE FROM THE UNIVERSITY OF TU BINGEN, GERMANY, AND HER DOCTORATE DEGREE FROM THE MAX PLANCK INSTITUTE FOR DEVELOPMENTAL BIOLOGY IN TUBINGEN RESEARCH FOCUS COLLECTIVE CELL MIGRATION, CELL TYPE SPECIFICATION AN D STEM CELL BIOLOGY IN ZEBRAFISH AS A MODEL SYSTEM 13 NICOLAS ROHNER, PHD, ASSISTANT INV ESTIGATOR, JOINED SIMR IN 2015 FROM HARVARD MEDICAL SCHOOL, WHERE HE WAS A POSTDOCTORAL FE LLOW IN DR CLIFF TABIN'S LABORATORY HE EARNED A PHD IN BIOLOGY FROM THE MAX PLANCK INSTITUTE FOR DEVELOPMENTAL BIOLOGY IN TUBINGEN, GERMANY RESEARCH FOCUS GENETIC MECHANISMS AND MUTATIONS THAT UNDERLIE THE ANIMAL KINGDOM'S TREMENDOUS DIVERSITY IN MORPHOLOGY, PHYSIOL OGY, AND BEHAVIOR 14 KAUSIK SI, PHD, ASSOCIATE SCIENTIFIC DIRECTOR AND INVESTIGATOR, JOI NED SIMR IN 2005FROM THE LABORATORY OF DR ERIC KANDEL AT COLUMBIA UNIVERSITY CENTER FOR N EUROBIOLOGY AND BEHAVIOR WHERE HE WAS A JANE COFFIN CHILDS FELLOW AND A FRANCIS GOELET FEL LOW IN NEUROSCIENCE DR SI EARNED A PHD IN MOLECULAR BIOLOGY FROM THE ALBERT EINSTEIN COL LEGE OF MEDICINE RESEARCH FOCUS ROLE OF SYNAPTIC PROTEIN SYNTHESIS IN INFORMATION ACQUISI TITON AND MEMORY STORAGE 15 PAUL TRAINOR, PHD, INVESTIGATOR, JOINED SIMR IN 2001 FROM A RESEARCH POSITION AT THE NATIONAL INSTITUTE FOR MEDICAL RESEARCH AT MILL HILL, LONDON, WHE RE HE COMPLETED POSTDOCTORAL TRAINING DR TRAINOR HAS A PHD IN DEVELOPMENTAL BIOLOGY FROM THE ALBERT EINSTEIN COL LEGE OF MEDICINE RESEARCH FOCUS ROLE OF SYDNEY, AUSTRALIA RESEARCH FO CUS INVESTIGATION OF THE INTERACTIONS BETWEEN DISTINCT TISSUES IN THE BODY AND THEIR RESULATION DURING NORMAL DEVELOPMENT TO REVEAL PATHWAYS THAT REGULATE NORMAL CRANIAL AND FACIAL DEVELOPMENT OF THE INTERACTIONS BETWEEN DISTINCT TISSUES IN THE BODY AND THEIR RESEARCH FO CUS INVESTIGATION OF THE INTERACTIONS BETWEEN DISTINCT TISSUES IN T

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
18 C RON YU, PHD, INVESTIGATOR, JOINED SIMR IN 2005 FROM THE LABORATORY	

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

STOWERS INSTITUTE FOR MEDICAL RESEARCH

Department of the Treasury

Internal Revenue Service Name of the organization

As Filed Data -

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493230032500

Open to Public Inspection

**Employer identification number** 

20-2993509

(a) Name, address, and EIN (ıf applicable) of disregarded entity		( <b>b)</b> Primary a		(c Legal domi or foreign	cile (state	(d) Total ind		<b>(e)</b> End-of-year a	ssets	( <b>1</b> Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Orga	nizations. Comple	ete if the ord	anızatıon	answered	"Yes" on F	orm 990	, Part I	V, line 34 be	ecause	ıt had one or	more	
related tax-exempt organizations during the ta  (a)  Name, address, and EIN of related organization	x year.	(b) ary activity	Legal do	(c) nicile (state in country)	(d Exempt Cod		Public o	(e) charity status on 501(c)(3))		(f) rect controlling entity	Section (13) co	
(1)STOWERS SCIENTIFIC EDUCATION INSTITUTE	SUPPORT C	)RG		DE	501(C)(3)		12A, I		SIMR		Yes Yes	No
1000 EAST 50TH STREET KANSAS CITY, MO 64110 20-5916445												
(2)STOWERS RESOURCE MANAGEMENTINC 1000 EAST 50TH STREET	SUPPORT C	DRG		DE	501(C)(3)		12A, I		SIMR		Yes	
KANSAS CITY, MO 64110 41-2186719												
(3)BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET	SUPPORT C	RG		DE	501(C)(3)		12A, I		SIMR		Yes	
KANSAS CITY, MO 64110 74-3238244												
(4)STOWERS REAL ESTATE HOLDING CORPORATION 1000 EAST 50TH STREET	TITLE HOLD	DING		DE	501(C)(2)		N/A		SRM		Yes	
KANSAS CITY, MO 64110 26-1472230	055.0407			D.F.	504/63/(4)				07110			
( <b>5)</b> STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET	SEE PART \	/11		DE	501(C)(4)		N/A		SIMR		Yes	
KANSAS CITY, MO 64110 20-3270502											ļ	
(6)THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET	EDUCATION	N		МО	501(C)(3)		2		SIMR		Yes	
KANSAS CITY, MO 64110 46-4588696												

		(b)												
(a) Name, address, and EIN related organization	(a) Name, address, and EIN of related organization			(d) Direct controlling entity	(e) Predomir Income(rel unrelate excluded tax und sections 5 514)	ated, total in ed, from er 512-	of Share	of Dispro ear allo	(h) pprtionat cations?	amou Sche	(i) de V-UBI unt in box 20 of edule K-1 rm 1065)	Gene	aging	<b>(k)</b> Percenta <u>c</u> ownershi
					314)			Yes	No			Yes	No	
										_				
					-			-		_				
										-				
										_				
Dart IV Identification of Related Orga because it had one or more relat (a) Name, address, and EIN of related organization		s a corporatio	on or tru: (c) egal micile or foreign	st during th			(f) Share of t		(g) re of enc year assets	-	Part IV  (h Percer owner	ı) ntage	Se	(I) ction 512 3) controll entity?
because it had one or more relat  (a)  Name, address, and EIN of related organization	ted organizations treated a  (b)  Primary activity	s a corporatio ( Le dor (state c	on or tru: (c) egal micile	st during th	ne tax yea (d) t controlling	(e) Type of entit (C corp, S cor	(f) Share of t		(g) re of enc year	-	(h Percer	ı) ntage	Se (1)	<ol><li>control</li></ol>
because it had one or more relat  (a)  Name, address, and EIN of	ted organizations treated a	s a corporatio ( Le dor (state c	on or true (c) egal micile or foreign intry)	st during th	ne tax yea (d) t controlling	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of t	tal Sha	(g) re of enc year	d-of-	(h Percer	ı) ntage	Se (1)	3) controll entity? es No
because it had one or more relat  (a)  Name, address, and EIN of related organization  L)BIOMED VALLEY DISCOVERIESINC  000 EAST 50TH STREET ANSAS CITY, MO 64110	ted organizations treated a  (b)  Primary activity	s a corporatio ( Le dor (state c	on or true (c) egal micile or foreign intry)	st during th	ne tax yea (d) t controlling	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of t	tal Sha	(g) re of enc year	d-of-	(h Percer	ı) ntage	Se (1)	3) controll entity? es No
because it had one or more relat  (a)  Name, address, and EIN of related organization  L)BIOMED VALLEY DISCOVERIESINC  000 EAST 50TH STREET ANSAS CITY, MO 64110	ted organizations treated a  (b)  Primary activity	s a corporatio ( Le dor (state c	on or true (c) egal micile or foreign intry)	st during th	ne tax yea (d) t controlling	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of t	tal Sha	(g) re of enc year	d-of-	(h Percer	ı) ntage	Se (1)	3) controll entity? es No
because it had one or more relat  (a)  Name, address, and EIN of related organization  L)BIOMED VALLEY DISCOVERIESINC  000 EAST 50TH STREET ANSAS CITY, MO 64110	ted organizations treated a  (b)  Primary activity	s a corporatio ( Le dor (state c	on or true (c) egal micile or foreign intry)	st during th	ne tax yea (d) t controlling	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of t	tal Sha	(g) re of enc year	d-of-	(h Percer	ı) ntage	Se (1)	3) controll entity? es No
because it had one or more relat  (a)  Name, address, and EIN of related organization  L)BIOMED VALLEY DISCOVERIESINC  000 EAST 50TH STREET ANSAS CITY, MO 64110	ted organizations treated a  (b)  Primary activity	s a corporatio ( Le dor (state c	on or true (c) egal micile or foreign intry)	st during th	ne tax yea (d) t controlling	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of t	tal Sha	(g) re of enc year	d-of-	(h Percer	ı) ntage	Se (1)	3) controll entity? es No
because it had one or more relat  (a)  Name, address, and EIN of related organization  L)BIOMED VALLEY DISCOVERIESINC  000 EAST 50TH STREET ANSAS CITY, MO 64110	ted organizations treated a  (b)  Primary activity	s a corporatio ( Le dor (state c	on or true (c) egal micile or foreign intry)	st during th	ne tax yea (d) t controlling	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of t	tal Sha	(g) re of enc year	d-of-	(h Percer	ı) ntage	Se (1)	3) controll entity? es No

See Additional Data Table

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

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

(b)

Transaction

type (a-s)

(c)

Amount involved

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

 ${f m}$  Performance of services or membership or fundraising solicitations by related organization(s) .

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

(a)

Name of related organization

Yes

Yes

No

No

No

1k Yes

11

1m 1n Yes

10 Yes

1q Yes

1r Yes

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes		
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes		
d Loans or loan guarantees to or for related organization(s)	1d		No	

Ь	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General ( managin partner	or ig ?	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedu	e R (Forn	n 990	0) 2019

Schedule R (Form 990) 2019 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation PART II, LINE (5), COLUMN B STOWERS POLICY INSTITUTE INC'S ("SPI") PRIMARY ACTIVITY IS TO PROMOTE INNOVATIVE AND ETHICAL BIOMEDICAL RESEARCH, THERAPIES AND CURES, AND TO ADVOCATE FOR A POLITICAL, ECONOMIC AND SOCIAL ENVIRONMENT THAT ADVANCES, FACILITIES, AND PROTECTS THAT RESEARCH AND THOSE THERAPIES AND CURES

Return Reference	Explanation						
	IOMED VALLEY DISCOVERIES, INC 'S ("BVD") PRIMARY ACTIVITY IS THE DEVELOPMENT AND MARKETING OF CIENTIFIC DISCOVERIES. BIOMED VALLEY CORPORATION ("BVC") IS THE 100% OWNER OF BVD STOCK						

Return Reference	Explanation
, (-,	SIMR RECEIVES ROYALTY PAYMENTS FROM BVD PURSUANT TO A LICENSED TECHNOLOGY AGREEMENT DATED JANUARY 29, 2006 THESE ROYALTY PAYMENTS DO NOT CONSTITUTE GROSS INCOME DERIVED FROM AN
	UNRELATED TRADE OR BUSINESS UNDER SECTION 512(B)(13) THE ROYALTY PAYMENTS FROM BVD TO SIMR DO
	NOT REDUCE BVD'S TAXABLE INCOME, WHICH WOULD HAVE BEEN UNRELATED BUSINESS INCOME IF BVD WERE EXEMPT UNDER SECTION 501(C)(3) AND HAD THE SAME EXEMPT PURPOSE AS SIMR IN ADDITION, THE SPECIAL
	RULE UNDER 512(B)(13)(E) APPLIES

Return Reference	Explanation
PART V, LINE 2 (2) 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
, , ,	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
, , ,	TYPE K, SIMR ENTERED INTO A LEASE EFFECTIVE JANUARY 1, 2009 WITH SREHC, A 501(C)(2) TAX EXEMPT ORGANIZATION THAT IS A RELATED PARTY TO SIMR THE LEASE HAS AN ORIGINAL TERM OF 10 YEARS WITH A PROVISION FOR ADDITIONAL OPTION YEARS FOR A 280,000 SQUARE FEET BUILDING REFLECTS SIMR'S LEASE PAYMENTS TO SREHC IN 2019

PΑ

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

#### **Additional Data**

THE GRADUATE SCHOOL OF SIMR

SEE PART VII FOR ADDITIONAL INFORMATION

#### Software ID: Software Version:

**EIN:** 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

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

. orm propositional in the control of the control o			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BIOMED VALLEY DISCOVERIES INC	A	755,726	MARKET VALUE
BIOMED VALLEY DISCOVERIES INC	А	15,304	MARKET VALUE
STOWERS RESOURCE MANAGEMENT INC	С	63,000,000	MARKET VALUE
STOWERS REAL ESTATE HOLDING CORP	К	2,230,551	MARKET VALUE
STOWERS RESOURCE MANAGEMENT INC	Р	26,810,693	COST REIMB
THE GRADUATE SCHOOL OF SIMR	Р	1,217,267	COST REIMB
BIOMED VALLEY DISCOVERIES INC	Р	342,202	COST REIMB
BIOMED VALLEY DISCOVERIES INC	Q	429,034	COST REIMB

1,285,700

R

MARKET VALUE