efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493222002278 OMB No 1545-0047

> Open to Public Inspection

> > 350,000

33,387,217

46,738,511

80,475,728

5,166,928

337,368,768

107,843,358

229,525,410

End of Year

2,218,297

31,395,840

47,276,502

80.890.639

-14,141,104

338,449,040

113,910,541

224,538,499

Beginning of Current Year

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www IRS gov/form990

For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization D Employer identification number B Check if applicable STOWERS INSTITUTE FOR MEDICAL RESEARCH ☐ Address change % J SCOTT PETTET ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 1000 EAST 50TH STREET ☐ Application pending (816) 926-4000 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO $\,$ 64110 $\,$ G Gross receipts \$ 173,242,459 Name and address of principal officer H(a) Is this a group return for DAVID M CHAO □Yes **☑**No subordinates? 1000 EAST 50TH STREET H(b) Are all subordinates KANSAS CITY, MO 64110 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(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) . . . 2 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 396 Total number of volunteers (estimate if necessary) . 6 2 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 65,347,331 84,480,242 Program service revenue (Part VIII, line 2g) . 338,417 338,850 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 956,336 704,902 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 107,451 118,662 66,749,535 85,642,656 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Assets or defined by designation 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20

20 Total assets (Part X, line 16) .

Signature Block Under penalties of perjury, I declare that I have examined this return, inclu knowledge and belief, it is true, correct, and complete Declaration of prepa

any knowledge

Signature of officer RODERICK L STURGEON CFO Type or print name and title

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

14 Benefits paid to or for members (Part IX, column (A), line 4) .

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

19 Revenue less expenses Subtract line 18 from line 12 .

Paid	
Prep	arer
Use	Only

Sign Here

> Print/Type preparer's name MICHELLE MICHALOWSKI Preparer's signature MICHELLE MICHALOW Firm's name PricewaterhouseCoopers LLP Firm's address ► 600 13TH ST NW STE WASHINGTON, DC 20005

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017)					Page
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	edule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	organization's mission				
SEE	SCHEDULE O					
2		· -		vices during the year wh		
						🗌 Yes 🗹 No
	•	ese new services on Sc				
3	-	= :	=	changes in how it conduc	cts, any program	
						🗌 Yes 🗹 No
		ese changes on Schedu				
4	Section 501(c)(3) ar	ation's program service nd 501(c)(4) organization nue, if any, for each pro	ons are required	I to report the amount of	argest program services, as measu grants and allocations to others, t	red by expenses he total
4a	(Code) (Expenses \$	72,463,154	including grants of \$	350,000) (Revenue \$	338,850)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	_					
4d		ces (Describe in Sched	•		\	,
	(Expenses \$		luding grants of	·) (Revenue \$	J
4e	Total program ser	vice expenses ►	72,463,1	.54		Form 990 (2017
						FOUR MARKET/UL/

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

No

Nο

Nο

Nο

Nο

Νo

Nο

Nο

No

Nο

Nο

Νo

Nο

Νo

Νo

No

Nο

Nο

Form **990** (2017)

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

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

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

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

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

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

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

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰 . . .

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

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

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

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

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

2 Yes 3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

26

27

29

31

33

36

37

Νo

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Part IV	Checklist of Required Schedules	(continued)

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

instructions for applicable filing thresholds, conditions, and exceptions)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's		Vac	

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

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

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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

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

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

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

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

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

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

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

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

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

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

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

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🥞

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

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

Yes 23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 24			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Na
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

01111	J J O (L	317)					rage
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 t 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	onse to l	ines
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management					
		<u> </u>				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	9			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1 b	2			
2		ny officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee?	ss rela	ationship with any other	2	Yes	
3		e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior l	Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did th	e organization have members or stockholders?			6		No
		e organization have members, stockholders, or other persons who had the power t	o elec	t or appoint one or more	<u> </u>		
		pers of the governing body?		''	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) as other than the governing body?	mem	bers, stockholders, or	7 b		No
8		e organization contemporaneously document the meetings held or written actions (llowing	under	taken during the year by			
а	The go	overning body?			8 a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?			8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who dization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	ired Ł	y the Internal Revenu	e Cod	e.)	
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its go	vernir •	ng body before filing the	11a	Yes	
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually int	erests	s that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the lule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did th	e organization have a written whistleblower policy?			13	Yes	
14	Did th	e organization have a written document retention and destruction policy?			14	Yes	
15		e process for determining compensation of the following persons include a review ans, comparability data, and contemporaneous substantiation of the deliberation and					
а	The or	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b		No
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		e organization invest in, contribute assets to, or participate in a joint venture or sir le entity during the year?	nılar a	arrangement with a	16a		No
b		s," did the organization follow a written policy or procedure requiring the organizati it venture arrangements under applicable federal tax law, and take steps to safegu:					
		with respect to such arrangements?		e organización s exempt	16b		
		C. Disclosure					
17		e States with which a copy of this Form 990 is required to be filed▶					
18	avaıla	in 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection. Indicate how you made these available. Check all that approximately the control of the con	oly				
		iwn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc		•			
19	policy	be in Schedule O whether (and if so, how) the organization made its governing doo, and financial statements available to the public during the tax year		·			
20		the name, address, and telephone number of the person who possesses the organi OTT PETTET 1000 E 50TH STREET KANSAS CITY, MO 64110 (816) 926-4000	zatıor	n's books and records			

✓

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

and Independent Contractors

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

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

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

organization, more than \$10,000 of reportable co List persons in the following order individual trus compensated employees, and former such persoi	stees or directo		-				•	-		
☐ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		organization and related organizations
(1) VIRGINIA G STOWERS	2 0	х						0	0	0
DIRECTOR	2 0									
(2) DAVID A WELTE DIRECTOR/SECRETARY	2 0 	×		×				0	1,326,581	65,268
(3) RODERICK L STURGEON DIRECTOR/CFO	2 0 46 0	Х		х				0	1,555,086	60,068
(4) WILLIAM B NEAVES DIRECTOR/PRESIDENT EMERITUS	20 0	Х		х				271,262	0	56,102
(5) DAVID M CHAO DIRECTOR/PRESIDENT/CEO	40 0	х		×				1,537,787	0	41,442
(6) ROBERT E KRUMLAUF	40 0									
DIRECTOR/SCIENTIFIC DIRECTOR	3 0	Х						532,371	0	64,232
(7) RICHARD W BROWN	2 0									
DIRECTOR/CHAIR	45.0	Х		×				0	2,312,275	57,286
(8) ALBERZINE FREEMAN DIR/EVP OF ADMIN (THRU 01/17)	45 0 2 0 4 0	Х						0	64,281	3,875
(9) JONATHAN THOMAS DIRECTOR	2 0	Х						0	0	0
(10) BRENT KREIDER CHIEF OPERATING OFFICER	2 0			х				0	581,636	21,746
(11) RONALD C CONAWAY INVESTIGATOR	40 0					x		295,477	0	41,442
(12) JOAN W CONAWAY	0 0 40 0									
INVESTIGATOR	0 0					Х		292,489	0	58,280
(13) JERRY L WORKMAN	40 0							252.675	0	F0 F71
INVESTIGATOR	0 0					X		352,675	0	50,571
(14) R SCOTT HAWLEY INVESTIGATOR	40 0					х		349,080	0	60,099
(15) LINHENG LI	40 0									
INVESTIGATOR	0 0					Х		259,205	0	39,475

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

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t che inles ficer	s pers	on		(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total						>				
c Total from continuation sheets to Pode Total (add lines 1b and 1c)	•				•	>		3,890,346	5,839,859	619,886

1b :	Sub-Total						•				
c ·	Total from continuation sheets to Pa	art VII, Sectio	nΑ.				- ▶				
d	「otal (add lines 1b and 1c) . . .						▶		3,890,346	5,839,859	6
2	Total number of individuals (including			e list	ed a	bove	e) wh	o rec	eived more than	\$100,000	

otal (add lines 1D and 1C)	פי		019,000
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 45			
		Yes	No
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
ındıvıdual	4	Yes	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 45 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 45 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 45 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	The Late 1. Test, complete series are 1. Such marviage.	•	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		4 Ye	es
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$1 from the organization Report compensation for the calendar year ending with or within the organization's t		ensation	
	(A)	(B)		(C)

	ındıvıdual		4	Yes						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5		No					
Se	ection B. Independent Contractors									
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
	(A) Name and business address	(B) Description of services		(C Compen						
	ICAN CENTURY INVESTMENTS, MAIN STREET	NDIRECT - SEE SCH O			160,000					

			_			
Section B. Independent Contractors						
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year					
	(A) Name and business address	(B) Description of services	6	(C Comper		
AMERICAN CENTURY INVE 4500 MAIN STREET KANSAS CITY, MO 64111	INDIRECT - SEE SCH O			160,000		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1 Form **990** (2017)

Part \	/ III			roen	onse or note to any	line in this Bart VI				
		Check II Schedul	e O contains a	a respo	onse of note to any	(A) Total revenue	(E Relat exe func	B) ed or mpt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
/^	1a	Federated campaig	ns	1a			reve	nue		512-514
unts	ŀ	b Membership dues		1 b						
Gra mo		Fundraising events		1c						
Ę. Ę.	6	d Related organizatio	ns	1 d	80,100,000					
<u>⊒</u> .	•	Government grants (c	ontributions)	1e	3,827,776					
utions, er Sin	f	 All other contributions and similar amounts n above 	, gıfts, grants, ot ıncluded	1f	552,466					
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contribution in lines 1a-1f \$			100,000					
ة c	<u></u>	Total.Add lines 1a-1	LF	• •	 -	84,480,242				
Program Service Revenue	2a	COLLABORATION FEE F	ROM HHMI 501(C)(3)	Business		338,850	338,	350	
å.	b									
MC.	c	_		_						
3.	d									
ran	e £		rugo rovonuo							
₹og		All other program se			3	38,850				
		Total.Add lines 2a-2			<u> </u>	1		1		
		Investment income (i imilar amounts) .			interest, and other •	774,4:	10			774,410
		Income from investm		-			0			
	5 F	Royalties				26,00	00			0 26,000
	6a	Gross rents	(ı) Real		(II) Personal	-				
	- u			14,779]				
	b	Less rental expenses		14,779						
	c	Rental income or		0	C	,				
		(loss)								
	a	Net rental income o	(i) Securit	•	(II) Other		4			0 0
	7a	Gross amount	(i) Securit	.165	(II) Other	-				
		from sales of assets other than inventory	87,4	33,379	82,137					
	b	Less cost or other basis and	87,5	81,505	3,519	-				
	c	sales expenses Gain or (loss)	-1	48,126	78,618	1				
		Net gain or (loss)			•	-69,50	08			0 -69,508
				ents of						
Other Revenue		contributions reporte See Part IV, line 18	ed on line 1c)	а) 					
Rev	ь	Less direct expense	s	ь	0	1				
e	c	Net income or (loss)	from fundrais	ing ev	ents		0			
∯	9a	Gross income from g See Part IV, line 19		es						
		2001 410 217, 11110 22		а	0					
	b	Less direct expense	s	b	0]				
		Net income or (loss)		activit	ies •	_	0			
	10a	Gross sales of invent returns and allowand								
				а	0					
	b	Less cost of goods s	sold	b	0]				
	С	Net income or (loss) Miscellaneous		inven	Business Code	[0			
	11	aOTHER REBATES &			900099	92,66	52			92,662
		-OTTIER REDATES &	KLVLIVOL			Í				,
	ь	,								
	c									
	d	All other revenue .								
	е	Total. Add lines 11a	-11d			92,66	52			
	12	Total revenue. See	Instructions					225		
						85,642,65	56	338,850		0 823,564

Part IX Statement of Functional Expenses	;
--	---

			Page 10
columns All other orga	anızatıons must comp	elete column (A)	
y line in this Part IX			🗆
(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
350,000	350,000		
0			
0			
0			
2,490,152	2,241,136	249,016	
0			
23,296,243	20,966,619	2,329,624	
1,638,893	1,475,004	163,889	
4,410,652	3,969,587	441,065	
1,551,277	1,396,149	155,128	
0			
0			
0			
0			
0			
0			
1,056,210	950,589	105,621	
0			
205,391	184,852	20,539	
421,430	379,287	42,143	
0			
2,215,772	1,994,195	221,577	
612,388	551,149	61,239	
0		· · ·	
714,196	642,776	71,420	
0		·	
0			
9,677,216	8.709.494	967.722	
0	, ,	,	
23,938,413	21,544,572	2,393,841	
6,222,869	5,600,582	622,287	
231,125	208,012	23,113	
1,050,000	945,000	105,000	
393,501	354,151	39,350	
80,475,728	72,463,154	8,012,574	0
	y line in this Part IX (A) Total expenses 350,000 0 0 2,490,152 0 23,296,243 1,638,893 4,410,652 1,551,277 0 0 0 0 1,056,210 0 205,391 421,430 0 205,391 421,430 0 714,196 0 9,677,216 0 9,677,216 0 23,938,413 6,222,869 231,125 1,050,000 393,501	y line in this Part IX	Total expenses

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

iabilities 22

Fund Balances

Assets or

Net

Page **11**

n

0

1.447

85,128

338,505

146,202,536

92,984,360

672.920

0

0

0

0

0

0

0

0

99.036.384

107.843.358

228.975.170

229,525,410

337.368.768 Form **990** (2017)

550.240

247.817

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

(A) Beginning of year End of year 0 1 Cash-non-interest-bearing .

2,113,368 2 1,334,981 2 Savings and temporary cash investments . . . 350.487 3 472.672 3 Pledges and grants receivable, net . . 0 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Notes and loans receivable, net

Inventories for sale or use .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Intangible assets

Grants payable . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

10a basis Complete Part VI of Schedule D

10b **b** Less accumulated depreciation

Investments—other securities See Part IV, line 11 . . .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

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

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

check here ▶ 🔲 and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Secured mortgages and notes payable to unrelated third parties . . .

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Assets 10a Land, buildings, and equipment cost or other

327,413,091

181,210,555

15 95.276.219 337.368.768 16 17 8,559,157 18 19 20 21

0 5

0 6

0

8

9

10c

11

12

13

14

2,279

373,549

150,450,344

84.258.083

100.398.501

338,449,040

8,156,226

312.319

502,429

0

0

0

0

0

0

0 23

0 24

105.441.996

113,910,541

223.911.846

224,538,499

338,449,040

626.653

0 29

22

25

26

27

28

30

31

32

33

34

☐ Cash ☑ Accrual ☐ Other

Both consolidated and separate basis

☐ Both consolidated and separate basis

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

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

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

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

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

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

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

Consolidated basis

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

✓ Consolidated basis

Form 990 (2017)

Part XII

Schedule O

Donated services and use of facilities

Financial Statements and Reporting

Investment expenses

Prior period adjustments

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

5 6 7 8

10

Page **12**

224,538,499

106,121

-286,138

No

No

229,525,410

Yes

Yes

Yes

Yes

Yes (2017)

2a

2b

2c

3a

3b

Additional Data

Form 990, Part III, Line 4a:

SIMR'S ACCOMPLISHMENTS ARE DESCRIBED IN SCHEDULE O

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

Form 990 (2017)

Software ID:

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

efile	e GR/	APHIC prii	nt - DO NOT P	ROCESS	As Filed Data -				3493222002278
	m 99	OULE A			Charity Statu ganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) c empt charitable	organization or trust.	ort	2017
aterna	l Reven	f the Treasury		ation abou	► Attach to Form to Schedule A (Form www.irs.g	990 or Form 99 990 or 990-EZ <u>ov/form990</u> .	0-EZ.) and its instru	ections is at	Open to Public Inspection
lam	e of th	he organiza	tion MEDICAL RESEARCH					Employer identific	ation number
		_			4.00			20-2993509	
Pa he o					is (All organization it is (For lines 1 thro			see instructions.	
1	- Gaiii.2				sociation of churches			/A\/;\	
		•		·				(A)(I).	
2	Ш	A school de	scribed in sectio	n 170(b)(:	L)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperative h	nospital serv	rice organization desc	ribed in section	170(b)(1)(A)(iii).	
4	✓		and state	tion operate PART V		a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organiza	•	r the benefit	•	rsity owned or op	perated by a gov	ernmental unit descri	oed in section 170
6		A federal, s	tate, or local gov	ernment or	governmental unit de	escribed in sectio	on 170(b)(1)(A	ı)(v).	
7		section 17	'0(b)(1)(A)(vi).	(Complete	Part II)			init or from the genera	al public described in
8		A communi	ty trust described	in section	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					scribed in 170(b)(1) ee instructions Enter			with a land-grant coll college or university	ege or university or a
LO		from activit	ies related to its	exempt fund elated busine	ctions—subject to cer ess taxable income (le	taın exceptions, a	and (2) no more	is, membership fees, than 331/3% of its su ses acquired by the c	pport from gross
11		An organiza	ation organized ai	nd operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
l 2		more public	ly supported org	anızatıons d		09(a)(1) or sec	tion 509(a)(2	s of, or to carry out th). See section 509(: 12e	
а		Type I. A so	supporting organi n(s) the power to	zation opera regularly a	ated, supervised, or c	ontrolled by its si	upported organiz	zation(s), typically by of the supporting orga	
b		Type II. A manageme		nization supe ing organiza	tion vested in the sar			organization(s), by having the supported orga	
С		Type III f	unctionally inte	grated. A s				nd functionally integra	ted with, its
d		Type III n	on-functionally integrated The	integrated organization	I. A supporting organi	ization operated i fy a distribution i	in connection wi	th its supported orgar an attentiveness req	
e							RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Entor				integrated supporting	organization			
g			of supported org		pported organization((c)		_	
		Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (see instance)		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Γotal			ı					l	

Page 2

Section A. Public Support Calendar vear (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") Tax revenues levied for the

2 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (a)2013 **(b)**2014 (c)2015 (d)2016 (e)2017 (f)Total (or fiscal year beginning in) ▶ 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and 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 Total support. Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, S e 11, column (f))

3	section C. Computation of Public Support Percentage
14	Public support percentage for 2017 (line 6, column (f) divided by lin
15	Public support percentage for 2016 Schedule A, Part II, line 14

box and stop here. The organization qualifies as a publicly supported organization

15 r mor

X	on	line	13,	and	line	14	ıs	33	1/3%	0

v	on	line	13	and	line	14 1	15 3	3 1	/3%	^

15	Public support percentage for 2016 Schedule A, Part II, line 14
16a	33 1/3% support test—2017. If the organization did not check the box

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

and stop here. The organization qualifies as a publicly supported organization

5	
e,	chec

_	
,	check

С	heck	tŀ

าเร	box	

e,	che

s	box		
		▶	

ia	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	<
	and stop here. The organization qualifies as a publicly supported organization	Þ
b	33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check tl	his

ox	
▶	
thıs	

OX	
▶	
this	
	_

าเร		
\blacktriangleright		

▶□

- h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

organization

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ightharpoonssupported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

(Complete only if you checked the box of fine 10 of Part 1 of if the organization failed to qualify under Part 11. If							
the organization fails to	the organization fails to qualify under the tests listed below, please complete Part II.)						
Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							

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

	(or fiscal year beginning in) ▶	(a) 2013	(B) 2017	(6) 2013	(4) 2010	(0) 2017	(1) 10.01
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(4) 2013	(6) 2014	(0) 2013	(4) 2010	(6) 2017	(1) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from	l	l	1	1	1	1

Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or						

loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14 check this box and stop here Section C. Computation of Public Support Percentage

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2016 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 17 Investment income percentage from 2016 Schedule A, Part III, line 17 18 18 19a 331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is ▶□ not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

	they describe in the supported organization and accignated by diase or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

		~	l 1	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a	y supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	

С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
		3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below				
b	nd the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations				
c Did the organization support a 501(c)(3) and 509(a)(1) or (2	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported				

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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

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.

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.

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

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

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

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,"

amendment to the organizing document)

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.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

	art IV Supporting Organizations (continued)		<u>'</u>	age 3
ı C	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?			
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	Section D. All Type III Supporting Organizations			
	ection b. An Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons)		
	a The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
			/	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	ΣU		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b 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	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.	ust on I	Nov 20, 1970 (explain in	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	tegrat		ganization (see

	Section E - Distribution Allocations (see (i) (ii) (iii) (iii)				
10	Line 8 amount divided by Line 9 amount				
9	9 Distributable amount for 2017 from Section C, line 6				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
6	Other distributions (describe in Part VI) See instructions				
_5	Qualified set-aside amounts (prior IRS approval required)				

details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-2017		(iii) Distributable Amount for 2017	
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
h From 2012			

instructions)	Excess Distributions	Pre-2017	Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
\$		
a Applied to underdistributions of prior years		
b Applied to 2017 distributable amount		

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

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

c Remainder Subtract lines 4a and 4b from 4

8 Breakdown of line 7

d Excess from 2016.

a Excess from 2013. **b** Excess from 2014. . . . **c** Excess from 2015.

e Excess from 2017.

Schedule A	(Form 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	Facts And Circumstances Test

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

Return Reference	Explanation
PART I, LINE 4	C AND EPIGENETIC CONTROLS THIS WORK IS SUPPORTED BY AN NIH GRANT FROM THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE IN 2017, SIMR RESEARCH PROGRAM LEADER MICHAEL WA SHBURN, PH D, INITIATED A RESEARCH PROJECT IN COLLABORATION WITH ROY JENSEN, M D, DIRECT OR OF THE UNIVERSITY OF KANSAS CANCER CENTER THE OVERALL AIM OF THIS RESEARCH EFFORT IS TO DETERMINE HOW CANCER THERAPEUTICS ACT ON PROTEIN NETWORKS IN CELLS AND TISSUES DR JENS EN IS A WORLD-RENOWNED EXPERT ON BREAST CANCER AND HOLDS ADDITIONAL POSITIONS AS DIRECTOR, KANSAS MASONIC CANCER RESEARCH INSTITUTE, WILLIAM R JEWELL DISTINGUISHED KANSAS MASONIC PROFESSOR, AND PROFESSOR, AND PROFESSOR, AND PROFESSOR, AND PROFESSOR, AND MOLECULAR BIOSCIENCES AT KUMC THE PROJECT AIMS TO FURTHER EXPLORE THE MECHANISM OF ACTION OF SUBEROYLANILIDE HYDROXAMIC ACID (SAHA), WHICH IS USED AS CHEMOTHERA PY FOR CERTAIN LYMPHOMAS AND IS BEING EVALUATED IN CLINICAL TRIALS FOR OTHER CANCERS RECENT REPORTS SUGGEST THAT SAHA HAS ADDITIONAL EFFECTS THAT INVOLVE PROTEIN NETWORKS MORE BRO ADLY, THUS SUGGESTING OTHER POSSIBLE MECHANISMS OF ACTION RESULTS FROM THIS JOINT RESEARCH EFFORT MAY ENABLE THE FUTURE DEVELOPMENT OF MORE SPECIFIC AND EFFECTIVE HUMAN THERAPEUTI CS THIS PROJECT IS SUPPORTED IN PART BY A NIH GRANT FROM THE NATIONAL INSTITUTE OF GENERA L MEDICAL SCIENCES IN 2017, SIMR RESEARCH PROGRAM LEADER LINHENG LI, PH D, COLLABORATED WITH UNIVERSITY OF KANSAS CANCER CENTER AND CHILDREN'S MERCY HOSPITAL, KANSAS CITY, MO, TO INVESTIGATE APPROACHES TO TREAT LEUKEMIA THIS RESEARCH FOCUSES ON TARGETING CANCER STEM CELLS TO HELP REDUCE THE RECURRENCE OF CANCER AFTER A PATIENT GOES INTO REMISSION THE COL LABORATION BUILDS ON FOUNDATIONAL RESEARCH FROM THE LI LAB THAT HAS CHARACTERIZED CANCER S TEM CELLS AT MOLECULAR AND CELLULAR LEVELS KUMC IS THE SPONSOR OF A RELATED CLINICAL RESE ARCH STUDY, "A PILOT STUDY OF LOW-DOSE DAUNORUBICIN IN PATIENTS WITH RELAPSED/REFRACTORY A CUTE LEUKEMIA," WHICH IS DESIGNED TO ASSESS THE FEASIBILITY AND TOLERABILITY OF ADMINISTER ING A LOW DOSE

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

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

HARVARD UNIVERSITY, HOWARD HUGHES MEDICAL INSTITUTE, J OHNS HOPKINS UNIVERSITY, LOYOLA UNIVERSITY CHICAGO, MASSACHUSETTS INSTITUTE OF TECHNOLOGY, MICHIGAN STATE UNIVERSITY, NATIONAL CANCER INSTITUTE, NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES,

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

990 Schedule A. Supplemental Information

UNIVERSITY, JAPAN, UNIVERSIDAD DE CONCEPCION, CHILE, UNIVERSITAT POMPEU FABRA, BARCELONA, SPAIN, UNIVERSITE DE STRASBOURG, ILLKIRCH-STR ASBOURG, FRANCE, UNIVERSITY OF FERRARA, ITALY,

UNIVERSITY OF HELSINKI, FINLAND, UNIVERSITY OF HYOGO, JAPAN, UNIVERSITY OF LAUSANNE, SWITZERLAND, UNIVERSITY OF LEUVEN, BELGIUM, UNIV ERSITY OF MACAU, CHINA, UNIVERSITY OF MODENA AND REGGIO EMILIA, ITALY, UNIVERSITY OF OXFOR D, UK, AND UNIVERSITY OF TOKYO, JAPAN OF

TOKYO, JAPAN

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D Supplemental Fina

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.

2017

DLN: 93493222002278

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Inform

Name of the organization

(Form 990)

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

Employer identification number STOWERS INSTITUTE FOR MEDICAL RESEARCH 20-2993509 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

 ${f d}$ Equipment .

	edule D (Form 990) 2017										Page 2
Par	t IIII Organizations M	aintaining Collections o	of Art, His	torical Tr	easu	res, or	Other 9	Similar As	ssets (cor	ntınued)	
3	Using the organization's acq items (check all that apply)	juisition, accession, and other	r records, ch	eck any of	he fol	llowing tl	nat are a s	significant i	ise of its co	ollection	
а	Public exhibition			d □	Loan	or excha	nge progr	ams			
b	Scholarly research			е 🗌	Other						
С	Preservation for future	e generations									
4	Provide a description of the Part XIII	organization's collections and	d explain hov	w they furth	er the	organız	ation's ex	empt purpo	se in		
5		anızatıon solicit or receive do nds rather than to be maintai						lar	☐ Yes	□ No)
Pa		codial Arrangements. ganızatıon answered "Yes	" on Form	990, Part	IV, lır	ne 9, or	reported	d an amou	ınt on For	·m 990, I	Part
1a	Is the organization an agent included on Form 990, Part	t, trustee, custodian or other	intermediary	y for contrib	utions	s or othe	r assets n	ot			
	meladed off Form 990, Fare	Α.							☐ Yes	⊔ No	•
Ь	If "Yes." explain the arrange	ement in Part XIII and comple	ete the follow	wına table		Г		A	mount		-
c	Beginning balance			9		ŀ	1c				-
d	Additions during the year						1d				-
е	Distributions during the year	r					1e				_
f	Ending balance						1f				-
2a	Did the organization include	an amount on Form 990, Pa	rt X, line 21,	, for escrow	or cus	stodial a	ccount lial	oility?	☐ Yes	□ No	_
h	**************************************		· · · · ·								,
b											
Pa	rt V Endowment Fun	ds. Complete if the organ		(b)Prior year				(d)Three yea)Four years	- back
1a	Beginning of year balance .	(a)curren	626,653		191	(C) I WO ye	0	(d) Tillee yea	113 Dack (e	y our years	5 Dack
	Contributions		100,000	661	216		100,000				
	Net investment earnings, gair	ns, and losses									
	Grants or scholarships	· .									
	Other expenditures for facilities and programs	es	176,413	73	754		60,809				
f	Administrative expenses										
	End of year balance		550,240	626	653		39,191				
2	•	ntage of the current year end	d balance (lir	ne 1a. colur	n (a)	ı) held as	L				
- а	Board designated or quasi-e	= :	a balance (iii	ile 19, colar	(4)	, neia a	,				
b	Permanent endowment >										
c	Temporarily restricted endo	wment ▶ 100 000 %									
·	· · · · · ·	, 2b, and 2c should equal 10	0%								
3а	· •	not in the possession of the		that are he	ld and	d admini	stered for	the		Yes	No
	(i) unrelated organizations								3a(i		No
	(ii) related organizations								3a(ii	-	No
	If "Yes" on 3a(11), are the re	-			•				3b		
4		ended uses of the organization	n's endowm	ent funds							
Pa	rt VI Land, Buildings,		" on Form	000 Bart	T\/	no 11 -	Soo For	m 000 Pa	rt V lina	10	
	Description of property	ganization answered "Yes (a) Cost or other basis		other basis (o			mulated de			Book value	<u> </u>
	_ seemption of property	(investment)		(´	. ,			(-)		
12	Land			3.40	0,000					3.	400,000
	Buildings			228,01			1	03,059,663			951,085
	Leasehold improvements			,	, -			. ,		1	
-		Î.	1			ı					

94,095,823

1,906,520

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

15,944,931

1,906,520

146,202,536

78,150,892

iee Form 990, Part X, line 12.				90, Part IV, line 11b.
(a) Description of security or category		(b)		nod of valuation
(including name of security)		Book value	Cost or end-	of-year market value
lerivatives	· · ·			
b) must equal Form 990, Part X, col (B) line 12)	•			
Investments—Program Related. Complete if the organization answered 'Yes' on Form	n 990, Pa	art IV, lı	ne 11c. See Form 990	, Part X, line 13.
(a) Description of investment			(c) Meth	nod of valuation of-year market value
b) must equal Form 990, Part X, col (B) line 13)	•			
b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Ye: (a) Description	▶ s' on Form	n 990, Pa	rt IV, line 11d See Form	990, Part X, line 15 (b) Book value
Other Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE	▶ s' on Forn	n 990, Pa	rt IV, line 11d See Form	(b) Book value 95,248,919
Other Assets. Complete if the organization answered 'Yes (a) Description	s' on Forn	n 990, Pa	rt IV, line 11d See Form	(b) Book value
Other Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE	s' on Form	n 990, Pa	rt IV, line 11d See Form	(b) Book value 95,248,919
Other Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE	▶ s' on Forn	n 990, Pa	rt IV, line 11d See Form	(b) Book value 95,248,919
Other Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE	▶ s' on Forn	n 990, Pa	rt IV, line 11d See Form	(b) Book value 95,248,919
Other Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE	▶ s' on Form	n 990, Pa	rt IV, line 11d See Form	(b) Book value 95,248,919
Other Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE	▶ s' on Form	n 990, Pa	rt IV, line 11d See Form	(b) Book value 95,248,919
Other Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE	▶ s' on Form	n 990, Pa	rt IV, line 11d See Form	(b) Book value 95,248,919
Cervalues (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15)				(b) Book value 95,248,919 27,300
Other Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES				(b) Book value 95,248,919 27,300
(a) Description (b) must equal Form 990, Part X, col (B) line 15) (c) The Liabilities. Complete if the organization answered 'Yes (a) Description (b) must equal Form 990, Part X, tol (B) line 15) (c) The Liabilities of the organization answered in the organization and the organizat		es' on Fo		(b) Book value 95,248,919 27,300
(a) Description EC FROM AFFILIATE CEIVABLES (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes The Complete of the organization answered 'Yes Other Liabilities. Complete if the organization answered 'Yes Other See Form 990, Part X, line 25.		es' on Fo	rm 990, Part IV, line	(b) Book value 95,248,919 27,300
The Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES In (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered in (B) Description of liability Ome taxes		es' on Fo	ook value	(b) Book value 95,248,919 27,300
The Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES In (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere Form 990, Part X, line 25. (a) Description of liability ome taxes OM AFFILIATES		es' on Fo	ook value 0 6,062,374	(b) Book value 95,248,919 27,300
The Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES In (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere Form 990, Part X, line 25. (a) Description of liability ome taxes OM AFFILIATES		es' on Fo	ook value 0 6,062,374	(b) Book value 95,248,919 27,300
The Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES In (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere Form 990, Part X, line 25. (a) Description of liability ome taxes OM AFFILIATES		es' on Fo	ook value 0 6,062,374	(b) Book value 95,248,919 27,300
The Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES In (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere Form 990, Part X, line 25. (a) Description of liability ome taxes OM AFFILIATES		es' on Fo	ook value 0 6,062,374	(b) Book value 95,248,919 27,300
The Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES In (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere Form 990, Part X, line 25. (a) Description of liability ome taxes OM AFFILIATES		es' on Fo	ook value 0 6,062,374	(b) Book value 95,248,919 27,300
The Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES In (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere Form 990, Part X, line 25. (a) Description of liability ome taxes OM AFFILIATES		es' on Fo	ook value 0 6,062,374	(b) Book value 95,248,919 27,300
The Assets. Complete if the organization answered 'Yes (a) Description EC FROM AFFILIATE CEIVABLES In (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere Form 990, Part X, line 25. (a) Description of liability ome taxes OM AFFILIATES		es' on Fo	ook value 0 6,062,374	(b) Book value 95,248,919 27,300
	b) must equal Form 990, Part X, col (B) line 12) Envestments—Program Related. Complete if the organization answered 'Yes' on Form	b) must equal Form 990, Part X, col (B) line 12) Envestments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part Y.	b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, li	b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990 (a) Description of investment (b) Book value (c) Meth

Schedule D (Form 990) 2017

	Complete if the organi	zation answered 'Yes' on Form 990, Par	I IV, I	ine 12a.		_
1	Total revenue, gains, and other s	upport per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\bf 2e$ from line $\bf 1$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b		•		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Par			Retur	1.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 .	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4	Ic. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIIII Supplemental Info	ormation				
Pro	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide	4, Par any a	t IV, lines 1b and 2b, Pa additional information	rt V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					

Page 4

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

Additional Data

Software ID: Software Version:

0% LIKELY OF BEING REALIZED

EIN: 20-2993509

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

Supplemental Information

supplemental zimormation	
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

Governments and Individuals in the United States Complete if the organization answered "Ves," on Form 990, Part IV, line 21 or 22. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria law for grants and other Assistance to Domestic Governments. Complete if the organization on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantsees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantsees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 1 Does the organization procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of organizations (b) EIN (c) IRC section (if applicable) (d) Amount of cash assistance (book, FMV, appraisal, other) (b) EIN (c) IRC section (if applicable) (d) Amount of organization (book, FMV, appraisal, other) (c) Amount of non-cash assistance (book, FMV, appraisal, other) (d) Amount of non-cash assistance (book, FMV, appraisal, other) (e) Amount of non-cash (book, FMV, appraisal, other) (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (b) Part IV (b) Purpose of grant organization of the Organi	efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -					DL	N: 934932220	02278
Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Does ribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash or grant grant assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (1) THE GRADUATE SCHOOL OF SIMP 1000 EAST 50TH STREET KANISAS CITY, MO 64110 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	Schedule I (Form 990) Governments and Complete if the organiza			and Individual tion answered "Yes," • Attach to Forn	d Individuals in the United States n answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.					
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Name of the organization STOWERS INSTITUTE FOR N	MEDICAL RESEARCH						•	cation number	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and provided the selection criteria used to award the grants or assistance? Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV the progranization's procedures for monitoring the use of grant funds in the United States Part IV the organization's procedures for monitoring the use of grant funds in the United States (a) Name and address of organization and John that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) grant (d) Amount of cash assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose of grant or assistance							20-	2993509		
(a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (f) Purpose of grant or assistance (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (book, FMV, appraisal, other) (f) Purpose of grant or assistance (f) Purpose of gr	the selection criteria to Describe in Part IV the Part II Grants and Ot	used to award the grants e organization's procedur ther Assistance to Dom	or assistance? res for monitoring the use nestic Organizations ar	e of grant funds in the U	nited States		•), Part IV, line		
THE GRADUATE SCHOOL OF SIMR 1000 EAST 50TH STREET KANSAS CITY, MO 64110 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(a) Name and address of organization		(c) IRC section	(d) Amount of cash	cash	(book, FMV, appraisal,				f grant
3 Enter total number of other organizations listed in the line 1 table	THE GRADUATE SCHOOL (SIMR 1000 EAST 50TH STREET	OF	501(C)(3)		350,000	FMV	F I SECURIT	TES	SEE PART IV	
		` ` ` ` ` `	-					. 🕨		1
or Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017							<u> </u>			

Page **2**

Schedule I (Form 990) 2017

(1) (2)

(3)

RESEARCH BASED PH D DEGREE IN BIOLOGY AND OTHER INSTRUCTION PROGRAMS

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

Schedule I (Form 990) 2017

Return Reference PART II, LINE 1

Explanation

(4) (5) (6)

(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

> SIMR CONTRIBUTES ANNUAL FUNDING TO FINANCE THE GRADUATE SCHOOL OF THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("GSSIMR") GSSIMR'S EXEMPT PURPOSE IS TO PROVIDE GRADUATE EDUCATION THAT WILL PREPARE SCHOLARS FOR SCIENTIFIC RESEARCH IN THE BIOLOGICAL SCIENCES GSSIMR OFFERS A

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9322	22002	278
Sch	edule J	Co	ompensati	ion Information	OM	1B No	1545-0	0047
(Fori	n 990)	For certain Office		rustees, Key Employees, and Hig ated Employees	hest	20	117	7
		► Complete if the org	janization answ	ered "Yes" on Form 990, Part IV	, line 23.	ZU	17	/
Depar	tment of the Treasury	▶ Information al		to Form 990. (Form 990) and its instructions	is at C	pen i	to Pul	blic
	al Revenue Service		<u>www.irs.</u>	gov/form990.			ectio	
	me of the organiza WERS INSTITUTE FO	ation OR MEDICAL RESEARCH			Employer identificat	ion nu	ımber	
					20-2993509			
Pa	rt I Questi	ons Regarding Compensa	tion				V	N
1a				the following to or for a person liste y relevant information regarding the			Yes	No
	First-class	or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	nal residence			
	_	nification and gross-up payment	s 📙	Health or social club dues or initiati				
	Discretion	ary spending account		Personal services (e g , maid, chaut	ffeur, chef)			
b		kes in line 1a are checked, did t Il of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked in line	e la/			
3				d to establish the compensation of t	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
		_	_	•				
	· ·	ation committee ent compensation consultant	⊻	Written employment contract Compensation survey or study				
		of other organizations	✓	Approval by the board or compensa	tion committee			
4		-	— 990, Part VII, Se	ction A, line 1a, with respect to the f				
	related organiza	tion						
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No
b		receive payment from, a suppl	•	•		4b		No
С	•	receive payment from, an equ		nsation arrangement? Dicable amounts for each item in Par	+ TTT	4c		No
	in les to any c	in lines 4a-c, list the persons and	a provide tile app	meable amounts for each item in Fai	L 111			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section Contingent on the revenues of		the organization pay or accrue any				
а	The organization	۶				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section on the net earnings of the net earnings of		the organization pay or accrue any				
а	The organization	٦٦				6 a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa		d	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		145
For I	Danarwark Badı	ction Act Notice, see the Ins	tructions for Ec	orm 000 Cat No F	50053T Schedule 1	/Earn	, 000)	2017

Deficación (Form 550) 2017								rage z
Part II Officers, Directors, Trustees, Key Employees, and H								
For each individual whose compensation must be reported on Schedule J, repor			om the organization	on row (I) and fro	m related organiza	tions, described i	n the	
instructions, on row (ii) Do not list any individuals that are not listed on Form	990	, Part VII	220 D 1 VII C			S) 1/E)		
Note. The sum of columns (B)(ı)-(ııı) for each listed individual must equal the t	:ota							
(A) Name and Title		(B) Breal	kdown of W-2 and/o		(C) Retirement	(D) Nontaxable	(E) Total of	(F)
		<u></u>	compensation		and other deferred	benefits	columns	Compensation in
		(i) Base	(ii)	(iii) Other	compensation		(B)(ı)-(D)	column (B) reported as
		compensation	Bonus & incentive				l	deferred on prior
		1	compensation	compensation				Form 990
See Additional Data Table	,							
		1					l	1
		<u> </u>						
·								
		1					l	[
		1					l	
		1					ŀ	
		1					l	
	\vdash				<u> </u>			
		1					l	1
	\vdash	 	+	 	+			
		1					l	
	\vdash		+	 	+			
		1					l	
	⊢		-	 				
		1					l	
	⊢			<u> </u>				<u> </u>
		1					l	
	<u> </u>			<u> </u>				<u> </u>
		1					l	1
	$oxed{oxed}$							
		1					l	1
	l	1						l
		1					l	
	\vdash		 					

Schedule's (Form 550) 2017	rage 3						
Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
PART I, LINE 1A	SIMR HAS WRITTEN EMPLOYMENT CONTRACTS WITH WILLIAM B NEAVES, PRESIDENT EMERITUS, AND DAVID M CHAO, PRESIDENT, WHICH PROVIDES FOR TAXABLE TERM LIFE BENEFITS AND FOR THE EXECUTIVES TO RECEIVE TAX GROSS-UP PAYMENTS SUFFICIENT TO COVER THE TAXES ON THE BENEFITS						
PART I, LINE 1B	SIMR PROVIDED THE BENEFITS DESCRIBED IN RESPONSE TO LINE 1A PURSUANT TO WRITTEN EMPLOYMENT CONTRACTS THAT WERE APPROVED BY SIMR'S						

Schedule 1 (Form 990) 2017

GOVERNING BOARD SEE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15, FOR ADDITIONAL PROCESSES RELATED TO DETERMINING EXECUTIVE COMPENSATION

Schedule J (Form 990) 2017

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title

1DAVID A WELTE

DIRECTOR/CFO

EMERITUS 3DAVID M CHAO

DIRECTOR

INVESTIGATOR

INVESTIGATOR

INVESTIGATOR

INVESTIGATOR

2WILLIAM B NEAVES

DIRECTOR/PRESIDENT

4ROBERT E KRUMLAUF

DIRECTOR/SCIENTIFIC

5RONALD C CONAWAY

6JOAN W CONAWAY

7JERRY L WORKMAN

8R SCOTT HAWLEY

9RICHARD W BROWN

DIRECTOR/CHAIR

10BRENT KREIDER CHIEF OPERATING OFFICER

11LINHENG LI

INVESTIGATOR

DIRECTOR/PRESIDENT/CEO

DIRECTOR/SECRETARY

1RODERICK L STURGEON

(i)

(i)

(1)

(i)

(1)

(ı)

(III)

(1)

(1)

(ı)

(1)

(i) Base Compensation

Software ID:

1,242,446

1,449,711

261,577

1,527,244

528,180

291,913

288,925

349,111

345,516

2,282,786

573,380

256,883

Software Version:

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

EIN: 20-2993509

Other reportable

compensation

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

84,135

105,375

9,685

10,543

4,191

3,564

3,564

3,564

3,564

29,489

8,256

2,322

(C) Retirement and

other deferred

compensation

40,500

40.500

39,535

40,500

40,500

40,500

40,500

40,500

40,500

40,500

38,533

(E) Total of columns

(B)(i)-(D)

1,391,849

1.615.154

327,364

1,579,229

596,603

336,919

350,769

403,246

409,179

2,369,561

603,382

298,680

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

(D) Nontaxable

benefits

24,768

19.568

16,567

942

23,732

17,780

10,071

19,599

16,786

21,746

942

942

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	led Data -					DI	N: 93	4932	220	02278
Schedule L (Form 990 or 990	Complete	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	ns with Innswered "Yes Sc, or Form 99 The to Form 99	s" on Form 9 0-EZ, Part V, 0 or Form 99	90, Part IV, I , line 38a or 0-EZ.	ines 2 40b.			6, —	ив No 2 (7
Department of the Trea	asurv	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at		pen		ublic
Name of the org STOWERS INSTITU	anization TE FOR MEDICAL RES	SEARCH							yer ide 3509	entifica	ition r	iumb	er
	ss Benefit Trar lete if the organiza									ne 40b			
) Name of disquali			Relationship be				(c) [escripi ansact	tion of	<u> </u>) Cor es	rected? No
Part II Loa Cor rep (a) Name of	ans to and/or I nplete if the organ orted an amount o (b) Relationship with organization	From Interdization answering form 990, Form (c) Purpose	ested Per red "Yes" or Part X, line ! (d) Loan !	rsons. n Form 990-EZ, 5, 6, or 22			90, Par (g) defa	In	(Appro	5, or if the bound of the by t	(janıza i)Writ jreem	ten
			То	From	-		Yes	No	comn Yes	No No	Yes		No
Total					▶ \$								
Part IIII Gra	nts or Assistar			ested Perso	ns.	1 27							
	rested person (b		between n and the	(c) Amount		(d) Type	of assi	stano	e	(e) Pui	rpose (of ass	istance
	luction Act Notice s					at No. 50056A				l (Eorm			

organization's

Schedule I. (Form 990 or 990-F7) 2017

person and the

	organization			rever	iues?
				Yes	No
(1) JULIA ZEITLINGER PhD	SEE PART V	144,617	EMPLOYEE OF SIMR		No
(2) LEANNE WIEDEMANN PhD	SEE PART V	217,118	EMPLOYEE OF SIMR		No

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

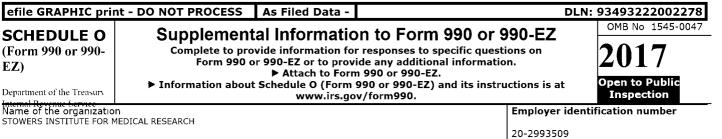
JULIA ZEITLINGER. PH D. IS THE SPOUSE OF DAVID M. CHAO. PRESIDENT OF SIMR. MS. ZEITLINGER IS AN

PART IV, LINE (1) & (2) ASSOCIATE INVESTIGATOR AT SIMR MS ZEITLINGER'S PREVIOUS EMPLOYMENT BEFORE SIMR WAS WITH THE WHITEHEAD INSTITUTE FOR MEDICAL RESEARCH WHERE SHE WAS THE RECIPIENT OF A

IS THE SPOUSE OF ROBERT KRUMLAUF. SCIENTIFIC DIRECTOR OF SIMR MS WIEDEMANN PERFORMS

 $|\mathsf{PREDOCTORAL}|$ FELLOWSHIP FROM THE HUMAN FRONTIER SCIENCE PROGRAM LEANNE WIEDMANN, PH D, 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

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349322	2002	2278
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		ľ	toricasii Contii	Dutions		20	17	7
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	1/	′
		► Attach to Form							
	ment of the Treasury	▶Information abo	ut Schedu	lle M (Form 990) and its i	nstructions is at <u>www.irs</u>	s.gov/form990	Open to		
	al Revenue Service e of the organizat	lon				Employer identi	Inspe fication n		
		R MEDICAL RESEARCH					iicacioii ii		
Do	Tunco	of Duamoutus				20-2993509			
Ра	rt I Types	of Property	·	413		T	, IX		
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	Method	(d) of determi	nına	
			applicable		amounts reported on	noncash cor			ts
					Form 990, Part VIII, line 1g				
1	Art—Works of an	t			<u> </u>				
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
_	goods Cars and other v					+			
6 7	Boats and planes								
	Intellectual prope								
9	Securities—Public	•	X	3	80.100.000	FAIR MARKET VA	LUE		
_	Securities—Close	'			55,255,555				
	Securities—Partr	•							
	or trust interest								
	Securities—Misce								
13	Qualified conserve contribution—Hi								
	structures .								
14	Qualified conserv								
4-	contribution—Of								
15 16	Real estate—Res Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy .								
22	Historical artifact	ts							
	Scientific specim								
	Archeological art					1			
	Other ▶ (•							
	Other ► (•							
	Other • (•							
			ne organiza	ation during the tax year for	contributions				
23		,	_	B, Part IV, Donee Acknowled		29			
								Yes	No
30a				y contribution any property r					
				e of the initial contribution, a			pt		ļ
	purposes for the	chaire holding perio	u				30a		No
b	If "Yes," describ	e the arrangement II	n Part II						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contri	butions?	31	Yes	
32a	Does the organi	zation hire or use thi	rd parties	or related organizations to se	olicit, process, or sell nonca	sh			[
					• • • • • • • • • • • • • • • • • • • •		32a		No
	If "Yes," describ								
33	_	·	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part								<u> </u>
For D	anerwork Peductic	on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schadu	ile M (Form	(100	(2017)



990	Sched	ule (o, s	upp	lemen	tal I	nforma	tion

Return Reference FORM 990, PART III, LINE 1 THE STOWERS INSTITUTE FOR MEDICAL RESEARCH PERFORMS MEDICAL RESEARCH IN THE PUBLIC INTER WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF FUNDAMENTAL PROCESSES IN LIVING CELLS AN IMPROVING LIFE'S QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PRE' OF DISEASE FORM 990, PART III, LINE 4 SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT EN D OF SCHEDUL FORM 990, PART VI, LINE 2 VIRGINIA G STOWERS, JONATHAN THOMAS, RICHARD W BROWN, DAVID A WEL WILLIAM B NEAVES, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSI RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M RODERICK L STURGEON, AND ALBERZINE FREEMAN, DI RECTORS OF SIMR, AND BRENT KREIDER, OFFICER	
FORM 990, PART III, LINE 1 THE STOWERS INSTITUTE FOR MEDICAL RESEARCH PERFORMS MEDICAL RESEARCH IN THE PUBLIC INTER WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF FUNDAMENTAL PROCESSES IN LIVING CELLS AN IMPROVING LIFE'S QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PRE OF DISEASE FORM 990, PART III, LINE 4 SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT EN D OF SCHEDUL FORM 990, PART VI, LINE 2 VIRGINIA G STOWERS, JONATHAN THOMAS, RICHARD W BROWN, DAVID A WEL WILLIAM B NEAVES, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSI RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M	
PART III, LINE 1 WITH THE GOAL OF EXPANDING OUR UNDERSTANDING OF FUNDAMENTAL PROCESSES IN LIVING CELLS AN IMPROVING LIFE'S QUALITY THROUGH INNOVATIVE APPROACHES TO THE CAUSES, TREATMENT, AND PRE OF DISEASE FORM 990, PART III, LINE 4 SIMR'S ACCOMPLISHMENTS ARE DESCRIBED AT EN DOF SCHEDUL FORM 990, PART VI, LINE 2 VIRGINIA G STOWERS, JONATHAN THOMAS, RICHARD W BROWN, DAVID A WELLIAM B NEAVES, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSING RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSING RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSING RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSING RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSING RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSING RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMR, HAVE A BUSING RELATIONSHIP JONATHAN THOMAS, RICHARD W BROWN, WILLIAM B NEAVES, DAVID A WELTE, DAVID M CHAO AND RODERICK L STURGEON, ALL D IRECTORS OF SIMP.	
INDEFINITE OF INTEREST AND DIRECTOR IN SHIP DAVID A WELTE, RICHARD W BROWN, RODERICK L STURGEON, ALBERZINE FREEMAN, DIRECTORS OF SIMR, AND BRENT KREIDER, OFFICER OF SIMR, HAVE A BUSINESS RELATIONSHIP FORM 990, PART VI, LINE 11B THE DATA AND INFORMATION NECESSARY TO PREPARE SIMF 990 WAS COMPILED BY SIMR'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY OUR TAX ATTORNEY A CAVE, LLP PRICEWATE RHOUSECOOPERS ("PWC"), OUR EXTERNAL TAX PREPARERS, USE THIS INFORMAT PREPARE THE FOR M 990 THE COMPLETED FORM 990, INCLUDING REQUIRED SCHEDULES, IS REVIEWED B OFFICERS O F SIMR BEFORE IT IS FILED WITH THE IRS AFTER THE PREPARATION AND REVIEW PROCESS DESCRIBED ABOVE, THE FORM 990, INCLUDING REQUIRED SCHEDULES, IS PROVIDED TO EACH VOTING ME THE ORGANIZATION'S BOARD BEFORE IT IS FILED WITH THE IRS FORM 990, PART VI, LINE 12C SIMR HAS A "CONFLICTS OF INTEREST AND DIRECTOR INDEPENDENCE POLICY" EACH DIRECTOR, OF FICER, AND OTIPERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER DECISI ONS OF SIMR ARE RETO ANNUALLY COMPLETE AND SIGN A DISCLOSURE STATEMENT THAT IS PART OF THE POLICY A COVERE MUST ALSO DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT AND ALL MATERIAL FACTS TO THE GOV BOARD AS SOON AS THE PERSON HAS KNOWLEDGE THAT A P OTENTIAL CONFLICT MIGHT EXIST SIMR COIPERIODIC AND ADHOC REVIEWS OF TRANSACTIONS AN D AGREEMENTS TO ENSURE THAT IT ENGAGES ON ACTIVITIES THAT ARE CONSISTENT WITH ITS TAX -EXEMPT PURPOSE FORM 990, PART VI, LINES 15A THE COMPENSATION FOR DAVID CHAO, THE PRESID ENT AND CEO OF SIMR, WAS ESTABLISHED PURSUANT TO PROCEDURES OF TREAS REG SECTION 53 4958-6, INCLUDING (1) REVIEW AND APPROVAL BY SIMR'S COMPENSATION COMMITTEE COMPRISED OF IN DEPENDENT PERSONS, (2) RELYING ON COMPARABILITY D INCLUDING DATA PREPARED BY A NATIONA LLY KNOWN COMPENSATION CONSULTANT REGARDING COMP SALARY AND BENEFITS FOR SIMILARLY Q UALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS SIMILARLY SITUATED ORGANIZATIONS, AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORD KEFT THE DELIBERATION AND DECISION S REGARDING THE COMPENSATION A	D /ENTION E O TE, SSCHAO, SOF ON TE ON TO THE ON TO THE OF ON THE

Return

Reference	
FORM 990, PART III, LINE 1	OVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST FORM 990, PART VII, SECTION A, COLUMN B DAVID M CHAO, OFFICER OF SIMR, AND R SCOTT HAWLEY, EMPLOYEE OF SIMR, ALSO PERFORM SUPPORT SERVICES FOR ONE OR MORE OF THE RELAT ED ORGANIZATIONS DISCLOSED IN SCHEDULE R THESE SERVICES ARE PERFORMED IN THEIR ROLE AS SI MR EMPLOYEES AND SIMR IS REIMBURSED BY THE RELATED ORGANIZATIONS FORM 990, PART VII, SECT ION B SIMR RECEIVES INVESTMENT MANAGEMENT SERVICES FROM AMERICAN CENTURY INVESTMENTS (ACI) ACI IS A WHOLLY OWNED SUBSIDIARY OF AMERICAN CENTURY COMPANIES, INC (ACCI) IN SELECTI NG ACI TO MANAGE ITS LIQUID INVESTMENTS, SIMR NOT ONLY SELECTED A HIGH QUALITY MUTUAL FUND COMPANY WITH AN OUTSTANDING TRACK RECORD, BUT ALSO PLACED ITS LIQUID INVESTMENTS IN A COM PANY IN WHICH IT OWNS STOCK AND RECEIVES DIVIDENDS SIMR PAYS ACI THE SAME ADMINISTRATIVE FEES FOR THESE SERVICES AS ANY ARMS-LENGTH INVESTOR THOSE INVESTMENT FEES FOR A SHARED IN VESTMENT POOL ARE PAID BY ITS SUPPORTING ORGANIZATION, SRM FORM 990, PART XI, LINE 9 OTH ER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING CHANGE IN ANNUITY RECEIVABLE, NET (286,138)

Explanation

990	Schedule	0,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	2017 PROGRAM SERVICE ACCOMPLISHMENTS THE STOWERS INSTITUTE FOR MEDICAL RESEARCH ("SIMR") I S A PRIVATE, NONPROFIT MEDICAL RESEARCH ORGANIZATION SIMR WAS FOUNDED IN 1994 BY JIM AND VIRGINIA STOWERS, WHO EACH SURVIVED A BOUT WITH CANCER AND SUBSEQUENTLY DEDICATED THEIR FO RTUNE TO SUPPORTING BASIC RESEARCH IN CELL AND MOLECULAR BIOLOGY THAT WILL PROVIDE LONG-TE RM SOLUTIONS TO HUMAN DISEASES SIMR CONDUCTS BASIC BIOMEDICAL RESEARCH IN THE PUBLIC 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 2017 NOTABLE RESEARCH RESULTS IN 2017, SIMR RESEARCH TEAMS MADE DISCOVERIES MERITIN G PUBLICATION IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS - 64 ORIGINAL RESEARCH PAPERS IN ALL SIMR RESEARCH TEAMS ALSO PRODUCED 22 OTHER PUBLICATIONS INCLUDING REVIEWS, COMMENTA RIES, BOOK CHAPTERS, AND BOOKS SOME OF THE HIGHLIGHTS AMONG PAPERS PUBLISHED IN 2017 INCLUDE THE SNCHEZ ALVARDO LAB PUBLISHED A REPORT THAT COMPREHENSIVELY CHRONICLES HOW THE PL ANARIAN FLATWORM DEVELOPS STAGE-BY-STAGE AS AN EMBRYO THE ABILITY OF PLANARIAN FLATWORMS TO REGENERATE IS UNPARALLELED AMONG OTHER ORGANISMS IF AN ADULT WORM IS CUT APART, ALMOST ANY PIECE CAN FORM A NEW, FULLY-FUNCTIONAL ANIMAL COMPLETE WITH A BRAIN AND NERVOUS SYSTE M, EYES, KIDNEYS, GUT, MUSCLE, AND SKIN WITHIN JUST TWO WEEKS PLANARIAN FLATWORMS TO REGENERATION IN WHICH TO STUDY REGENERATION, BUT THIS PHENOMENON IS STILL POORLY UNDERST OOD THE RECENT STUDY IS THE FIRST TO SHOW THAT STEM CELLS KEY TO PLANARIAN FLATWORMS ARE AN IDEAL ORGANISM IN WHICH TO STUDY REGENERATION, BUT THIS PHENOMENON IS STILL POORLY UNDERST OOD THE RECENT STUDY IS THE FIRST TO SHOW THAT STEM CELLS KEY TO PLANAR

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	HESE TWO PROTEIN NETWORKS AND THEN DETERMINED HOW THE NETWORKS WERE AFFECTED GROUPS OF PR OTEINS EXHIBITING SIMILAR EFFECTS AND SHARING SIMILAR PROPERTIES WERE IDENTIFIED AS TOPOLO GICAL NETWORK MODULES ADDITIONALLY, THIS STUDY, PUBLISHED ONLINE MARCH 8, 2017, IN SCIENT IFIC REPORTS, OFFERS AN EXPANDED VIEW OF CASCADING INTERACTIONS ACROSS THE LARGER NETWORK AND IDENTIFY NEW AREAS OF BIOLOGICAL NETWORKS TO EXPLORE BY UNDERSTANDING PROTEINS, THEIR NEIGHBORHOODS, AND THEIR TRAVELS, RESEARCHERS HOPE TO GAIN INSIGHT INTO A WIDE RANGE OF B IOLOGICAL FUNCTIONS, INCLUDING DRUG RESISTANCE AND THE EFFECT OF CANCER MUTATIONS THE ZEI TLINGER LAB PUBLISHED FINDINGS ON THE DETAILS OF HOW A PARTICULAR MOLECULE MEDIATES THE FL OW OF GENETIC INFORMATION IN THE CELL GENE EXPRESSION IS THE PROCESS OF TURNING GENES ON OR OFF, AND IT'S ESSENTIAL FOR CREATING SPECIFIC CELLS IN THE BODY IN THE FIRST STEP OF G ENE EXPRESSION CALLED TRANSCRIPTION, THE INFORMATION STORED IN DNA IS COPIED INTO RNA BY A MOLECULAR MACHINE KNOWN AS RNA POLYMERASE RATHER THAN HURRIEDLY TRANSCRIBING A GENE FROM START TO FINISH, THESE POLYMERASES OFTEN PAUSE AS THEY TRAVEL DOWN THE DOODLE HELLY, SOME TIMES FOR AS LONG AS AN HOUR AT A TIME IN A STUDY PUBLISHED ONLINE MAY 15, 2017, IN NATUR E GENETICS, RESEARCHERS STUDIED THE EFFECT THIS PAUSING HAD ON THE OVERALL PROCESS OF TRAN SCRIPTION THEY SHOWED THAT WHEN ONE POLYMERASE PAUSES, IT KEEPS OTHER POLYMERASES FROM IN ITIATING TRANSCRIPTION THEY SHOWED THAT WHEN ONE POLYMERASE PAUSES, IT KEEPS OTHER POLYMERASES FROM IN ITIATING TRANSCRIPTION THEY SHOWED THAT WHEN ONE POLYMERASE PAUSES, IT KEEPS OTHER POLYMERASES FROM IN ITIATING TRANSCRIPTION THEY SHOWED THAT WHEN ONE POLYMERASE PAUSES OF CANCER AND RELATED DISEASES THE KURMLAUF LAB SHOWED THAT THEY SELLEVE THAT THESE PAUSES COULD PROVIDE A MUCHNEEDED RESPITE IN BETWEEN BURSTS OF TRANSCRIPTION TO MAKE GENE EXPRESSION MORE CONTROLLED AND DELIBERATE. WHEN GENE EXPRESSION IS ALLOWED TO UNFOLD UNCHECKED, PROBLEMS MAY ARISE, SUCH AS THE DEVELOPMENT OF CANCER THEREFO

Return Reference	Explanation
FORM 990, PART III, LINE 4a	PPROACHES FOR CERTAIN CANCERS THE ZANDERS LAB PUBLISHED FINDINGS THAT REVEALED HOW A "SEL FISH" GENE USES AN UNPRECEDENTED GENETIC SURVIVAL STRATEGY THE RESEARCHERS IDENTIFIED A G ENE FOUND IN FISSION YEAST THAT ACTS AS BOTH A POISON AND AN ANTIDOTE TO ENSURE ITS TRANSM ISSION INTO THE NEXT GENERATION, AND TO ELIMINATE ITS COMPETITION IN THEIR REPORT, PUBLIS HED ONLINE JUNE 20, 2017, IN ELIFE, THE RESEARCHERS DETAILED HOW THE PARASITIC SELFISH GENE WIF4 DESTROYS DEVELOPING GAMETES (ANALOGOUS TO SPERM) THAT DON'T POSSES IT THE GENE PO ISONS DEVELOPING GAMETES, BUT KEEPS THE ANTIDOTE FOR ITSELF GAMETES THAT INHERIT THE SELF ISH GENES ARE PROTECTED BECAUSE THEY HAVE THE ANTIDOTE THE GAMETES THAT DON'T INHERIT THE SELF ISH GENES ARE PROTECTED BECAUSE THEY HAVE THE ANTIDOTE THE GAMETES THAT DON'T INHERIT THE SELF ISH GENES ARE DESTROYED THESE RESULTS EXPAND CURRENT KNOWLEDGE ON THE NATURE OF SELF ISH GENES AND HOW THEY CAN CONTRIBUTE TO INFERTILITY THE FINDING MAY ALSO GUIDE FUTURE DI SCOVERIES OF SIMILAR SELFISH GENES IN OTHER ORGANISMS, SUCH AS CROPS OR HUMANS THE GERTON LAB PUBLISHED A STUDY THAT SHOWED HOW CANCER CELLS MAY STREAMLINE THEIR GENOMES IN ORDER TO PROLIFERATE MORE EASILY RIBOSOMAL DNA IS A GENETIC SEQUENCE THAT CODES FOR STRUCTURAL COMPONENTS OF RIBOSOMES, THE TINY FACTORIES RESPONSIBLE FOR PRODUCING THE BODY'S ESSENTIAL PROTEINS BECAUSE THESE SEQUENCES ARE REPETITIVE, THEY ARE NOTORIOUSLY DIFFICULT TO STUDY. THE STUDY, CONDUCTED IN BOTH HUMAN AND MOUSE CELLS, WAS PUBLISHED ONLINE JUNE 22, 2017, IN PLOS GENETICS THE RESEARCHERS DESCRIBE HOW RIBOSOMAL DNA WHICH MAY ALLOW THEM TO PROLIFERATE FASTER IN THE PROCESS, THE CELLS MAY BECOME MORE SENSITIVE TO DNA DAMAGE, A WEAKNESS THAT COULD POTENTIALLY BE EXPLOITED BY DNA-DAMAGING CHEMOTHERAPEUTICS. THE HAWLEY LAB BROUGHT TOGETHER TWO MICROSCOPY TECHNIQUES TO REVEAL THE THE FERSE REPETITIVE TO DNA DAMAGE, A WEAKNESS THAT COULD POTENTIALLY BE EXPLOITED BY DNA-DAMAGING CHEMOTHERAPEUTICS. THE HAWLEY LAB BROUGHT TOGETHER TWO MICROSCOPY TECHNIQUES TO REVEAL THE

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
THE KULESA LAB IDENTIFIED A MOLECULAR SIGNATURE OF "TRAILBLAZER" NEURAL	CREST CELLS THAT GIVES INSIGHT INTO DEVELOPMENT AND CANCER COLLECTIVE CELL MIGRATION DESC RIBES THE MOVEMENT OF A GROUP OF CELLS IN A DIRECTED AND COHESIVE MANNER, AND IT PLAYS A C RITICAL ROLE IN EMBRYONIC DEVELOPMENT, WOUND HEALING, CANCER SPREADING, AND THE IMMUNE RES PONSE IN AN ARTICLE PUBLISHED ONLINE DECEMBER 4, 2017, IN ELIFE, THE RESEARCHERS REPORTED THE FIRST COMPREHENSIVE ANALYSIS OF THE MOLECULAR TRANSITIONS AND GENE EXPRESSION SIGNATU RES OF SINGLE MIGRATING CELLS FROM THE NEURAL CREST, A CELL POPULATION CRUCIAL TO ORGAN DE VELOPMENT AND THE ANCESTRAL CELL TYPE OF TWO DEADLY FORMS OF HUMAN CANCER THE RESEARCHERS DISCOVERED A SIGNATURE OF 1300 DIFFERENTIALLY EXPRESSED GENES INDICATIVE OF AN INVASIVE'S UBSET OF MIGRATING CELLS KNOWN AS "TRAILBLAZERS" THESE GENES APPEAR TO DRIVE MIGRATION AND MAY BE PART OF A BROADER MOLECULAR SIGNATURE IN OTHER BIOLOGICAL PHENOMENA INVOLVING CELL INVASION UNDERSTANDING HOW MOLECULAR DIVERSITY TRANSLATES INTO COMPLEX, COORDINATED CEL L BEHAVIORS PROVIDES KNOWLEDGE THAT MAY UNCOVER NEW MOLECULAR TARGETS FOR INHIBITING NEURO BLASTOMA AND MELANOMA DISEASE PROGRESSION COMPREHENSIVE LISTS OF 2017 ORIGINAL RESEARCH P APERS, REVIEWS, COMMENTARIES, CHAPTERS, AND BOOKS ORIGINAL RESEARCH PAPERS 1 PRONOUNCED S TRAIN-SPECIFIC CHEMOSENSORY RECEPTOR GENE EXPRESSION IN THE MOUSE VOMERONASAL ORGAN DUYCK K, DUTELL V, MA L, PAULSON A, YU CR BMC GENOMICS 2017, 18 965 DOI 10 1186/S12864-017-4 364-4 2 SINGLE-CELL TRANSCRIPTOME ANALYSIS OF AVIAN NEURAL CREST MIGRATION REVEALS SIGNA TURES OF INVASION AND MOLECULAR TRANSITIONS MORRISON JA, MCLENNAN R, WOLFE LA, GOGOL MM, MEIER S, MCKINNEY MC, TEDDY JM, HOLMES L, SEMERAD CL, BOX AC, LI H, HALL KE, PERERA AG, KU LESA PM ELIFE 2017,6 E28415 DOI 28410 27554/ELIFE 28415 3 RESOLVING IN VIVO GENE EXP RESSION DURING COLLECTIVE CELL MIGRATION USING AN INTEGRATED RNASCOPE, IMMUNOHISTOCHEMISTRY AND TISSUE CLEARING METHOD MORRISON JA, MCKINNEY MC, KULESA PM MECH DEV 2017, 148 100-106 4 STRUCTURAL PLASTICITY OF THE LIVING INHIBITY POSTERIOR LATERAL L INE

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
THE KULESA LAB IDENTIFIED A MOLECULAR SIGNATURE OF "TRAILBLAZER" NEURAL	ESIS DE KUMAR B, PARKER HJ, PAULSON A, PARRISH ME, ZEITLINGER J, KRUMLAUF R DEV BIOL 20 17,432 151-164 9 DAN (NBL1) PROMOTES COLLECTIVE NEURAL CREST MIGRATION BY RESTRAINING UN CONTROLLED INVASION MCLENNAN R, BAILEY CM, SCHUMACHER LJ, TEDDY JM, MORRISON JA, KASEMEIR R-KULESA JC, WOLFE LA, GOGOL MM, BAKER RE, MAINI PK, KULESA PM J CELL BIOL 2017,216 3339 -3354 10 H19 PROMOTES CHOLESTATIC LIVER FIBROSIS BY PREVENTING ZEB1-MEDIATED INHIBITION OF EPITHELIAL CELL ADHESION MOLECULE SONG Y, LIU C, LIU X, TROTTIER J, BEAUDOIN M, ZHANG L, POPE C, PENG G, BARBIER O, ZHONG X, LI L, WANG L HEPATOLOGY 2017,66 1183-1196 11 MO DULATING WNT SIGNALING RESCUES PALATE MORPHOGENESIS IN PAX9 MUTANT MICE LI C, LAN Y, KRUM LAUF R, JIANG R J DENT RES 2017,96 1273-1281 12 THE WHHERE COACTIVATOR COMPLEX IS REQU IRED FOR RETINOIC ACID-DEPENDENT REGULATION OF EMBRYONIC SYMMETRY VILHAIS-NETO GC, FOURNI ER M, PLASSAT JL, SARDIU ME, SARAF A, GARNIER JM, MARUHASHI M, FLORENS L, WASHBURN MP, POU RQUIE O NAT COMMUN 2017,8 728 DOI 710 1038/S41467-41017-00593-41466 13 IRF6 AND SPRY 4 SIGNALING INTERACT IN PERIDERM DEVELOPMENT KOUSA YA, ROUSHANGAR R, PATEL N, WALTER A, M ARANGONI P, KRUMLAUF R, KLEIN OD, SCHUTTE BC J DENT RES 2017,96 1306-1313 14 HOXA1 AND TALE PROTEINS DISPLAY CROSS-REGULATORY INTERACTIONS AND FORM A COMBINATORIAL BINDING CODE ON HOXA1 TARGETS DE KUMAR B, PARKER HJ, PAULSON A, PARRISH ME, PUSHEL I, SINGH NP, ZHANG Y, SLAUGHTER BD, UNRUH JR, FLORENS L, ZEITLINGER J, KRUMLAUF R, GRENOME RES 2017,27 1501-1512 15 HIPPO REPROGRAMS THE TRANSCRIPTIONAL RESPONSE TO RAS SIGNALING PASCUAL J, JACOB S J, SANSORES-GARCIA L, NATARAJAN M, ZEITLINGER J, AERT'S S, HALDER G, HAMMARATOGLU F DEV C ELL 2017,42 667-680 E4 16 THE MIR-124 FAMILY OF MICRORNAS IS CRITICAL FOR REGENERATION OF THE BRAIN AND VISUAL SYSTEM IN THE PLANARIAN SCHMIDTEA MEDITERRANEA SASIDHARRAN V, MARE PALLY S, ELLIOTT SA, BAID S, LAKSHMANAN V, NAYYAR N, BANSAL D, SANCHEZ ALVARADO A, VEMULA PK, PALAKODETI D DEVELOPMENT 2017, 144 3211-3223 17 DNA REPLICATION STRESS RESTRICTS RIB O

Return Reference	Explanation
THE KULESA LAB IDENTIFIED A MOLECULAR SIGNATURE OF "TRAILBLAZER" NEURAL	ONAL ORGANIZATION OF THE DROSOPHILA SYNAPTONEMAL COMPLEX CAHOON CK, YU Z, WANG Y, GUO F, UNRUH JR, SLAUGHTER BD, HAWLEY RS PROC NATL ACAD SCI U S A 2017,114 E6857-E6866 22 MOL ECULAR MODEL OF FISSION YEAST CENTROSOME ASSEMBLY DETERMINED BY SUPERRESOLUTION IMAGING B ESTUL AJ, YU Z, UNRUH JR, JASPERSEN SL J CELL BIOL 2017,216 2409-2424 23 THE HUMAN CYT OPLASMIC DYNEIN INTERACTOME REVEALS NOVEL ACTIVATORS OF MOTILITY REDWINE WB, DESANTIS ME, HOLLYER I, HTET ZM, TRAN PT, SWANSON SK, FLORENS L, WASHBURN MP, RECK-PETERSON SL ELIFE 2017,6 E28257 DOI 28210 27554/ELIFE 28257 24 MULTIPLE MODES OF LRP4 FUNCTION IN MODUL ATION OF WNT/BETA-CATENIN SIGNALING DURING TOOTH DEVELOPMENT AHN Y, SIMS C, MURRAY MJ, KU HLMANN PK, FUENTES-ANTRAS J, WEATHERBEE SD, KRUMLAUF R DEVELOPMENT 2017, 144 2824-2836 2 5 INTESTINAL ENTEROENDOCRINE LINEAGE CELLS POSSESS HOMEOSTATIC AND INJURY-INDUCIBLE STEM CELL ACTIVITY YAN KS, GEVAERT O, ZHENG GXY, ANCHANG B, PROBERT CS, LARKIN KA, DAVIES PS, CHENG ZF, KADDIS JS, HAN A, ROELF K, CALDERON RI, CYNN E, HU X, MANDLEYWALA K, WILHELMY J, GRIMES SM, CORNEY DC, BOUTET SC, TERRY JM, BELGRADER P, ZIRALDO SB, MIKKELSEN TS, WANG F, VON FURSTENBERG RJ, SMITH NR, CHANDRAKESAN P, MAY R, CHRISSY MAS, JAIN R, CARTWRIGHT CA, NILAND JC, HONG YK, CARRINGTON J, BREAULT DT, EPSTEIN J, HOUCHEN CW, LYNCH JP, MARTIN MG, PLEVRITIS SK, CURTIS C, JI HP, LI L, HENNING SJ, WONG MH, KUO CJ CELL STEM CELL 2017,21 78-90 E76 26 MYELOID LEUKEMIA FACTOR ACTS IN A CHAPERONE COMPLEX TO REGULATE TRANSCRIPTI ON FACTOR STABILITY AND GENE DYER JO, DUTTA A, GOGOL M, WEAKE VM, DIALYNAS G, WU X, SEIDE L C, ZHANG Y, FLORENS L, WASHBURN MP, ABMAYR SM, WORKMAN JL J MOL BIOL 2017,429 2093-210 7 27 RIBOSOMAL DNA COPY NUMBER LOSS AND SEQUENCE VARIATION IN CANCER XU B, LI H, PERRY JM, SINGH VP, UNRUH J, YU Z, ZAKARI M, MCDOWELL W, LI L, GERTON JL POS GENET 2017,13 E 1006771 DOI 10 1371/JOURNAL PGEN 1006771 28 CONDENSIN II IS ANCHORED BY TFILIC AND H3K4M E3 IN THE MAMMALIAN GENOME AND SUPPORTS EXPRESSION OF ACTIVE DENSE GENE CLUSTERS KC Y, BD S,

990 Schedule O, Supplemental Information

Return Reference	Explanation
30 WTF GENES ARE PROLIFIC DUAL POISON- ANTIDOTE MEIOTIC DRIVERS	NUCKOLLS NL, BRAVO NUNEZ MA, EICKBUSH MT, YOUNG JM, LANGE JJ, YU JS, SMITH GR, JASPERSEN S L, MALIK HS, ZANDERS SE ELIFE 2017,6 E26033 DOI 26010 27554/ELIFE 26033 31 DYNAMIC R EGULATION OF NANOG AND STEM CELL-SIGNALING PATHWAYS BY HOXA1 DURING EARLY NEURO-ECTODERMAL DIFFERENTIATION OF ES CELLS DE KUMAR B, PARKER HJ, PARRISH ME, LANGE JJ, SLAUGHTER BD, U NRUH JR, PAULSON A, KRUMLAUF R PROC NATL ACAD SCI U S A 2017,114 5838-5845 32 REGULATE D INTRON REMOVAL INTEGRATES MOTIVATIONAL STATE AND EXPERIENCE GILL J, PARK Y, MCGINNIS JP, PEREZ-SANCHEZ C, BLANCHETTE M, SI K, CELL 2017,169 836-848 E815 33 FGF SIGNALING REFI NES WNT GRADIENTS TO REGULATE PATTERNING OF TASTE PAPILLAE PROCHAZKOVA M, HAKKINEN TJ, PR OCHAZKA J, SPOUTIL F, JHEON AH, AHN Y, KRUMLAUF R, JERNVALL J, KLEIN OD DEVELOPMENT 2017, 144 2212-2221 34 DIFFERENT PHOSPHOISOFORMS OF RAN POLYMERASE II ENGAGE THE RTT103 TERMI NATION FACTOR IN A STRUCTURALLY ANALOGOUS MANNER NEMEC CM, YANG F, GILMORE JM, HINTERMAIR C, HO YH, TSENG SC, HEIDEMANN M, ZHANG Y, FLORENS L, GASCH AP, EICK D, WASHBURN MP, VARAN I G, ANSARI AZ PROC NATL ACAD SCI U S A 2017, 114 E3944-E39 35 PAUSED RNA POLYMERASE II INHIBITS NEW TRANSCRIPTIONAL INITIATION SHAO W, ZEITLINGER J NAT GENET 2017, 49 1045-10 51 36 CELL-CYCLE-COUPLED OSCILLATIONS IN APICAL POLARITY AND INTERCELLULAR CONTACT MAINT AIN ORDER IN EMBRYONIC EPITHELIA RAGKOUSI K, MARR K, MCKINNEY S, ELLINGTON L, GIBSON MC CURR BIOL 2017, 27 1381-1386 70-LINKED N-ACETYLGLUCOSAMINE TRANSFERASE 1 REGULATES GLO BAL HISTONE H4 ACETYLATION VIA STABILIZATION OF THE NONSPECIFIC LETHAL PROTEIN NSL3 WU D, ZHANG Y, BLACK CURR BIOL 2017, 27 3381-1386 GIBE CONTROLS GERMILINE STEM C ELL SELF-RENEWAL AND PROGENY DIFFERENTIATION VIA DISTINCT MECHANISMS MA X, ZHU X, HAN Y, STORY B, DO T, SONG X, WANG S, ZHANG Y, BLANCHETTE M, GOGOL M, HALL K, PEAK A, ANOJA P, XI E T DEV CELL 2017, 41 157-169 E5 39 COCKAYNE SYNDROME B PROTEIN REGULATES RECRUITMENT OF THE ELONGIAN DE UIGUITIN LIGASE TO SITES OF DNA DAMAGE WEEMS JC, SLAUGHTER BD, UNRUH JR, BOEING S, HALL

Return Reference	Explanation
30 WTF GENES ARE PROLIFIC DUAL POISON- ANTIDOTE MEIOTIC DRIVERS	NO15-KBP AXIS LIMITS MITOCHONDRIAL BIOGENESIS IN MOUSE EMBRYONIC STEM CELLS DONATO V, BON ORA M, SIMONESCHI D, SARTINI D, KUDO Y, SARAF A, FLORENS L, WASHBURN MP, STADTFELD M, PINT ON P, PAGANO M NAT CELL BIOL 2017,19 341-351 44 IDENTIFICATION OF TOPOLOGICAL NETWORK MODULES IN PERTURBED PROTEIN INTERACTION NETWORKS SARDIU ME, GILMORE JM, GROPPE B, FLOREN S L, WASHBURN MP SCI REP 2017,7 43845 DDI 10 1038/SREP43845 45 HANDS-ON CLASSROOM AC TIVITIES FOR EXPLORING REGENERATION AND STEM CELL BIOLOGY WITH PLANARIANS ACCORSI A, ROSS E, TU KC, WILLIAMS M, ROBB SM, ELIOTT SA, SANCHEZ ALVARADO A AM BIOL TEACHER 2017,79 2 08-223 46 CYTOSOLIC PROTEOSTASIS THROUGH IMPORTING OF MISFOLDED PROTEINS INTO MITOCHONDR IA RUAN L, ZHOU C, JIN E, KUCHARAVY A, ZHANG Y, WEN Z, FLORENS L, LI R NATURE 2017,543 443-446 47 MEDIATOR STRUCTURE AND REARRANGEMENTS REQUIRED FOR HOLOENZYME FORMATION TSAI KL, YU X, GOPALAN S, CHAO TC, ZHANG Y, FLORENS L, WASHBURN MP, MURAKAMI K, CONAWAY RC, CO NAWAY JW, ASTURIAS FI NATURE 2017,544 196-201 48 COMPOSITION AND FUNCTION OF MUTANT SW I/SNF COMPLEXES DUTTA A, SARDIU M, GOGOL M, GILMORE J, ZHANG D, FLORENS L, ABMAYR SM, WAS HBURN MP, WORKMAN JL CELL REP 2017, 18 2124-2134 49 TRIO-BASED EXOME SEQUENCING ARRESTS DE NOVO MUTATIONS IN EARLY-ONSET HIGH MYOPIA JIN ZB, WU J, HUANG XF, FENG CY, CAI XB, MA O JY, XIANG L, WU KC, XIAO X, KLOSS BA, LI Z, LIU Z, HUANG S, SHEN M, CHENG FF, CHENG XW, ZHENG ZL, CHEN X, ZHUANG W, ZHANG Q, YOUNG TL, XIE T, LU F, QU J PROC NATL ACAD SCI U S A 2017,114 4219-4224 50 CHROMATIN REMODELER FUN30FF73 INDUCES NUCLEOSOME DISASSEMBLY TO FACILITATE RNA POLYMERASE II ELONGATION LEE J, SHIK CHOI E, DAVID SEO H, KANG K, GILMORE JM, FLORENS L, WASHBURN MP, CHOE J, WORKMAN JL, LEED NAT COMMUN 2017, 814527 DOI 1451 0 11038/NCOMMS14527 51 RDH10 LOSS-OF-FUNCTION AND PERTURBED RETINOID SIGNALING UNDERLIES THE ETIOLOGY OF CHOANAL ATRESIA KUROSAKA H, WANG Q, SANDELL L, YAMASHIRO T, TRAINOR PA HUM MOL GENET 2017,26 1268-1279 52 NOT ALL HASK METHYLATIONS ARE CREATEDE QUAL LIZOCOM PASS DEPENDENCY

Return Reference	Explanation
30 WTF GENES ARE PROLIFIC DUAL POISON- ANTIDOTE MEIOTIC DRIVERS	IGNALING KOZLOVSKAJA-GUMBRIENE A, YI R, ALEXANDER R, AMAN A, JISKRA R, NAGELBERG D, KNAUT H, MCCLAIN M, PIOTROWSKIT 2017,6 E21049 DOI 21010 27554/ELIFE 21049 57 THERAPEUTIC TARGETING OF MLL DEGRADATION PATHWAYS IN MILL-REARRANGED LEUKEMIA LIANG K, VOLK AG, HAUG JS, MARSHALL SA, WOODFIN AR, BARTOM ET, GILMORE JM, FLORENS L, WASHBURN MP, SULLIVAN KD, E SPINOSA JM, CANNOVA J, ZHANG J, SMITH ER, CRISPINO JD, SHILATIFARD A CELL 2017, 186 59-72 E13 58 FOXC2CREERT KNOCK-IN MICE MARK STAGE-SPECIFIC FOXC2-EXPRESSING CELLS DURING MOU SE ORGANOGENESIS AMIN MB, MIURA N, UDDIN MK, ISLAM MJ, YOSHIDA N, ISEKI S, KUME T, TRAINO R PA, SAITSU H, AOTO K CONGENIT ANOM (KYOTO) 2017, 57 24-31 59 EMBRYONIC ORIGIN OF ADUL T STEM CELLS REQUIRED FOR TISSUE HOMEOSTASIS AND REGENERATION DAVIES EL, LEI K, SEIDEL CW, KROESEN AE, MCKINNEY SA, GUO L, ROBB SM, ROSS EJ, GOTTING K, SANCHEZ ALVARADO A ELIFE 2017,6 E21052 DOI 21010 27554/ELIFE 21052 60 ROLE OF NHP6 AND HMO1 IN SWI/SNF OCCUPANC Y AND NUCLEOSOME LANDSCAPE AT GENE REGULATORY REGIONS HEPP MI, SMOLLE M, GIDI C, AMIGO R, VALENZUELA N, ARRIAGADA A, MAUREIRA A, GOGOL MM, TORREJON M, WORKMAN JL, GUTIERREZ JL. BI OCHIM BIOPHYS ACTA 2017, 1860 316-326 61 DROSOPHILA POISED ENHANCERS ARE GENERATED DURIN G TISSUE PATTERNING WITH THE HELP OF REPRESSION KOENECKE N, JOHNSTON J, HE Q, MEIER S, ZE ITLINGER J GENOME RES 2017, 27 64-74 62 MYO-INOSITOL REDUCES B-CATENIN ACTIVATION IN CO LITIS BRADFORD EM, THOMPSON CA, GORETSKY T, YANG G-Y, RODRIGUEZ LM, LI L, BARRETT TA WOR LD J GASTROENTEROL 2017, 23 5115-5126 63 HISTONE H3K4 MONOMETHYLATION CATALYZED BY TRR A ND MAMMALIAN COMPASS-LIKE PROTEINS AT ENHANCERS IS DISPENSABLE FOR DEVELOPMENT AND VIABILI TY RICKELS R, HERZ H-M, SZE CC, CAO K, MORGAN MA, COLLINGS CK, GAUSE M, TAKAHASHI Y-H, WA NG L, RENDLEMAN EJ, MARSHALL SA, KRUEGER A, BARTOM ET, PIUNTI A, SMITH ER, ABSHIRU NA, KEL LEHER NL, DORSETT D, SHILATIFARD A NAT GENET 2017,49 1647-1653 64 MYOSIN CLUSTERS OF F INITE SIZE DEVELOP CONTRACTILE STRESS IN 1D RANDOM ACTIN ARRAYS RUBINSTEIN BY, MOGILNER A

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
7 LIFTING THE VEIL ON REPTILE EMBRYOLOGY THE VEILED CHAMELEON	(CHAMAELEO CALYPTRATUS) AS A MODEL SYSTEM TO STUDY REPTILIAN DEVELOPMENT DIAZ RE, JR, BE RTOCCHINI F, TRAINOR PA METHODS MOL BIOL 2017,1650 269-284 8 SEGMENTAL ARTIHMETIC SUM MING UP THE HOX GENE REGULATORY NETWORK FOR HINDBRAIN DEVELOPMENT IN CHORDATES PARKER HJ, KRUMLAUF R WILEY INTERDISCIP REV DEV BIOL 2017, 6 E286 9 THE STATUS OF THE HUMAN EMBR YO IN VARIOUS RELIGIONS NEAVES W DEVELOPMENT 2017, 144 2541-2543 10 NON-MODEL ORGANISM S RUSSELL JJ, THERIOT JA, SOOD P, MARSHALL WF, LANDWEBER LF, FRITZ-LAYLIN L, POLKA JK, OL IFERENKO S, GERBICH T, GLADFELTER A, UMEN J, BEZANILLA M, LANCASTER MA, HE S, GIBSON MC, G OLDSTEIN B, TANAKA EM, HU CK, BRUNET A BMC BIOLOGY 2017, 15 55 11 THE GENOMIC REVOLUTION AND ITS IMPLICATIONS FOR MEDICAL PRACTICE NEAVES W THE PHAROS 2017 21-27 12 LIVE IM AGING OF MEIOSIS I IN LATE-STAGE DROSOPHILA MELANOGASTER OCCYTES HUGHES SE, HAWLEY RS ME THODS MOL BIOL 2017, 1471 255-264 13 WHEN LIN41 COMES TO A FORK IN THE ROAD, IT TAKES BO TH PATHS TRANSLATIONAL REPRESSION OR MRNA DECAY, DEPENDING ON THE TARGET SITE POSITION H AND JM, BAZZINI AA MOL CELL 2017, 65 375-377 14 USING FLUORESCENT REPORTERS IN CONJUNCT ION WITH CYTOMETRY AND STATISTICS TO ASSESS NUCLEAR ACCUMULATION OF RIBOSOMAL PROTEINS K IM DH, BOX AC, LI H, GERTON JL METHODS MOL BIOL 2017, 1515 217-226 15 CAVEFISH AND THE B ASIS FOR EYE LOSS KRISHNAN J, ROHNER N PHILOS TRANS R SOC LOND B BIOL SCI 2017, 372 2015 0487 DOI 20150410 20151098/RSTB 20152015 20150487 16 IN VITRO ASSEMBLY OF NUCLEOSOMES FOR BINDING/REMODELING ASSAYS DUTTA A, WORKMAN JL METHODS MOL BIOL 2017, 1528 1-17 17 MEIOTIC RECOMBINATION TAKING THE PATH LESS TRAVELED MILLER DE, HAWLEY RS CURR BIOL 2017, 27 R26-R28 18 REGENERATION AND REWIRING OF RODENT OLFACTORY SENSORY NEURONS YU CR, WU Y EXP NEUROL 2017, 287 395-408 19 REGULATION OF HEMATOPOIETIC STEM CELL DYNAMICS BY MO LECULAR NICHE SIGNALING VENKATRAMAN A, ZHAO M, PERRY J, HE XC, LI L CHAPTER IN BIOLOGY AND ENGINEERING OF STEM CELL NICHES ACADEMIC PRESS 2017, 51-61 20 NEW INISPRITS AND CHAN GING SHY OF LEARN HIGH

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
7 LIFTING THE VEIL ON REPTILE EMBRYOLOGY THE VEILED CHAMELEON	HIP FROM THE AMERICAN SOCIETY OF HEMATOLOGY, ONE GRANT FROM THE COMPANY OF BIOLOGISTS, ONE FELLOWSHIP FROM THE AMERICAN ASSOCIATION OF ANATOMISTS, ONE FELLOWSHIP FROM THE SOCIETY OF DEVELOPMENTAL BIOLOGY, ONE GRANT FROM THE GREATER KANSAS CITY COMMUNITY FOUNDATION, TWO GRANTS FROM THE HEARING HEALTH FOUNDATION, ONE FELLOWSHIP FROM THE JANE COFFIN CHILDS MEMO RIAL FUND, TWO AWARDS FROM THE UNIVERSITY OF KANSAS ENDOWMENT ASSOCIATION, ONE GRANT FROM THE UNIVERSITY OF KANSAS ALZHEIMER'S DISEASE CENTER, ONE GRANT FROM THE UNIVERSITY OF KANSAS ALZHEIMER'S DISEASE CENTER, ONE GRANT FROM THE UNIVERSITY OF KANSAS ALZHEIMER'S DISEASE CENTER, ONE GRANT FROM THE UNIVERSITY OF KANS AS CANCER CENTER, AND TWO INVESTIGATOR AWARDS FROM THE HOWARD HUGHES MEDICAL INSTITUTE SU PPORT FROM NEW AND CONTINUING AWARDS TO THE SIMR TOTALED MORE THAN \$4 5 MILLION IN 2017 TO SUPPLEMENT INCOME FROM ITS ENDOWMENTS TESTIFYING TO THE HIGH LEVEL OF ACHIEVEMENT TAKING PLACE AT THE SIMR ARE THE AWARDS AND HONORS SIMR MEMBERS RECEIVED IN 2017 - ALEJANDRO SN CHEZ ALVARADO, PH D , WAS ELECTED TO THE LATIN AMERICAN ACADEMY OF SCIENCES - RANDAL HALFM ANN, PH D , WAS AWARDED A BASIL O'CONNOR STARTER SCHOLAR RESEARCH AWARD FROM THE MARCH OF DIMES FOUNDATION - TATJANA PIOTROWSKI, PH D , WAS AWARDED A FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH - INIG XIE, PH D , WAS AWARDED A THREE-YEAR GRANT FROM THE NATIONAL INSTITUTE OF THE NATIONAL INSTITUTES OF HEALTH - PAUL KULESA, PH D , WAS AWARDED A TWO-YEAR GRANT FROM THE NATIONAL INSTITUTE OF THE NATIONAL INSTITUTE

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
7 LIFTING THE VEIL ON REPTILE EMBRYOLOGY THE VEILED CHAMELEON	ILL, LONDON, WHERE HE WAS HEAD OF THE DIVISION OF DEVELOPMENTAL NEUROBIOLOGY DR KRUMLAUF RECEIVED A PH D IN DEVELOPMENTAL BIOLOGY FROM OHIO STATE UNIVERSITY RESEARCH FOCUS ANA LYSIS OF MOLECULAR PATHWAYS THAT REGULATE HOW THE MAMMALIAN HEAD, BRAIN AND NERSEARCH FOCUS ANA LYSIS OF MOLECULAR PATHWAYS THAT REGULATE HOW THE MAMMALIAN HEAD, BRAIN AND NERSEARCH FOCUS ANA LYSIS OF WILLIAM STATE OF VERTEBRATE MODEL SYSTEMS - PETER BAUMANN, PH D, INVESTIGA TOR AND HOWARD HUGHES MEDICAL INSTITUTE INVESTIGATOR, JOINED SIMR IN 2002 AFTER COMPLETING A HOWARD HUGHES MEDICAL INSTITUTE POSTDOCTORAL FELLOWSHIP IN THE LABORATORY OF DR THOMAS R CECH AT THE UNIVERSITY OF COLORADO-BOULDER DR BAUMANN RECEIVED A PH D IN BIOCHEMIST RY FROM THE IMPERIAL CANCER RESEARCH FUND AND UNIVERSITY COLLEGE, LONDON RESEARCH FOCUS FUNCTIONAL ANALYSIS OF TELOMERES AND THEIR ROLES IN CELLULAR IMMORTALITY AND CANCER - ARIE L BAZZINI, PH D, ASSISTANT INVESTIGATOR, JOINED SIMR IN 2016 FROM THE LAB OF ANTONIO J G IRALDEZ, PH D, IN THE DEPARTMENT OF GENETICS AT YALE UNIVERSITY, WHERE HE COMPLETED A POS TDOCTORAL FELLOWSHIP DR BAZZINI RECEIVED HIS PH D IN MOLECULAR BIOLOGY AT THE UNIVERSITY OF BUENOS AIRES, ARGENTINA FOR HIS DOCTORAL DISSERTATION, HE STUDIED PLANT GENETICS AT THE INSTITUTE OF BIOTECHNOLOGY IN ARGENTINA'S NATIONAL INSTITUTE OF AGRICULTURAL TECHNOLOGY (INTA) RESEARCH FOCUS THE REGULATION OF GENE EXPRESSION IN VERTEBRATES - JOAN CONAWAY, PH D, INVESTIGATOR, JOINED SIMR IN 2001 FROM THE OKLAHOMA MEDICAL RESEARCH FOUNDATION W HERE SHE WAS AN ASSOCIATE INVESTIGATOR OF THE HOWARD HUGHES MEDICAL INSTITUTE AND INTERIM HEAD OF THE PROGRAM IN MOLECULAR AND CELL BIOLOGY DR CONAWAY RECEIVED HER DOCTORATE IN C ELL BIOLOGY FROM STANFORD UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION WHERE HE WAS HOLDED ROFT HE CHAPMAN CHAIR IN MEDICAL RESEARCH DOLOF MEDICINE RESEARCH FOUNDATION WHERE HE WAS HOLDE ROFT HE CHAPMAN CHAIR IN MEDICAL RESEARCH DUNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION WHERE HE WAS HOLDE OF THE CHAPMAN CHAIR IN MEDICAL RESEARCH DUN

990	Schedule	Ο,	Supplemental	Information
1				

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

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
-RANDAL HALFMANN, PH D, ASSISTANT INVESTIGATOR, JOINED SIMR IN	ISMS AND MUTATIONS THAT UNDERLIE THE ANIMAL KINGDOM'S TREMENDOUS DIVERSITY IN MORPHOLOGY, PHYSIOLOGY, AND BEHAVIOR - ALEJANDRO SNCHEZ ALVARADO, PH D, INVESTIGATOR AND HOWARD HUGH ES MEDICAL INSTITUTE INVESTIGATOR, JOINED SIMR IN 2011 FROM THE UNIVERSITY OF UTAH'S SCHOOL OF MEDICINE, WHERE HE HELD THE H A & EDNA BENNING PROFESSORSHIP OF NEUROBIOLOGY AND ANA TOMY HE RECEIVED A B S IN MOLECULAR BIOLOGY AND CHEMISTRY FROM VANDERBILT UNIVERSITY IN NASHVILLE, TENN, AND A PH D IN PHARMACOLOGY AND CHEMISTRY FROM VANDERBILT UNIVERSITY OF C INCINNATI COLLEGE OF MEDICINE IN CINCINNATI, OHIO RESEARCH FOCUS THE MOLECULAR AND CELLU LAR MECHANISMS UNDERPINNING ANIMAL REGENERATION USING THE PLANARIAN SCHMIDTEA MEDITERRANEA AS A MODEL SYSTEM - KAUSIK SI, PH D, INVESTIGATOR, JOINED SIMR IN 2005 FROM THE LABORAT ORY OF DR ERIC KANDEL AT COLUMBIA UNIVERSITY CENTER FOR NEUROBIOLOGY AND BEHAVIOR WHERE H E WAS A JANE COFFIN CHILDS FELLOW AND A FRANCIS GOELET FELLOW IN NEUROSCIENCE DR SI EARN ED A PH D IN MOLECULAR BIOLOGY FROM THE ALBERT EINSTEIN COLLEGE OF MEDICINE RESEARCH FOC US ROLLE OF SYNAPTIC PROTEIN SYNTHESIS IN INFORMATION ACQUISITION AND MEMORY STORAGE - PA UL TRAINOR, PH D, INVESTIGATOR, JOINED SIMR IN 2001 FROM A RESEARCH POSITION AT THE NATIO NAL INSTITUTE FOR MEDICAL RESEARCH AT MILL HILL, LONDON, WHERE HE COMPLETED POSTDOCTORAL T RAINING BOT REAINOR HAS A PH D IN DEVELOPMENTAL BIOLOGY FROM CHILDREN'S MEDICAL RESEARCH INSTITUTE AT THE UNIVERSITY OF SYDNEY, AUSTRALIA RESEARCH FOCUS INVESTIGATION OF THE IN TERACTIONS BETWIEND INSTITUTE TO TISSUES IN THE NORMAL CRANIAL AND FACIAL DEVELOPMENT - JERRY WORKMAN, PH D, INVESTIGATOR, JOINED SIMR IN 2003 FROM THEIR REGULATION DURING NORMAL DEVELOP MENT TO REVEAL PATHWAYS THAT REGULATE NORMAL CRANIAL AND FACIAL DEVELOPMENT - JERRY WORKMAN, PH D, INVESTIGATOR, JOINED SIMR IN 2003 FROM THE PENNSYLVANIA STATE UNIVERSITY WHERE HE HELD THE PAUL BERG PROFESSORSHIP OF BIOCHEMISTRY AND WAS AN ASSOCIATE INVESTIGATION OF THE HOWARD HUGHES MEDICAL INSTITUTE DR WORKMAN EARNED A PH D IN CELL A

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493222002278

2017

Open to Public Inspection

Internal Revenue Service											Inspe	ection	
Name of the organization STOWERS INSTITUTE FOR MEDICAL RESEARCH								Emp	oloyer identif	ication	n number		
STOWERS INSTITUTE FOR MEDICAL RESEARCH								20-2	2993509				
Part I Identification of Disregar	ded Entities Complete if the	he organi	ızatıon answe	red "Yes	" on Form '	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable	e) of disregarded entity		(b) Primary acti	vity	(c) Legal domic or foreign	cile (state	(d) Total inco	ome	(e) End-of-year as	ssets	(f Direct co ent	ntrolling	
Part II Identification of Related To related tax-exempt organization		s Comple						Part I		cause			
(a) Name, address, and EIN of related or	ganızatıon	Prima	(b) ary activity	Legal do	(c) mıcıle (state gn country)	Exempt Co	de section		(e) charity status ion 501(c)(3))	Di	(f) urect controlling entity	Section (13) coi enti	512(b
(1)STOWERS SCIENTIFIC EDUCATION INSTITUTE 1000 EAST 50TH STREET		SUPPORT C	DRG		DE	501(C)(3)		12A-TYF	ΈΙ	SIMR		Yes	NO
KANSAS CITY, MO 64110 20-5916445													
(2)STOWERS RESOURCE MANAGEMENTINC 1000 EAST 50TH STREET		SUPPORT C	DRG		DE	501(C)(3)		12A-TYF	ΈΙ	SIMR		Yes	
KANSAS CITY, MO 64110 41-2186719													
(3)BIOMED VALLEY CORPORATION 1000 EAST 50TH STREET		SUPPORT C	DRG		DE	501(C)(3)		12A-TYF	ΈΙ	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													
(5)STOWERS POLICY INSTITUTE INC 1000 EAST 50TH STREET		SEE PART \	/II		DE	501(C)(4)		N/A		SIMR		Yes	
KANSAS CITY, MO 64110 20-3270502													
(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												\perp	$oxed{oxed}$

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomir income(rei unrelate excluded tax und sections !	nant Si lated, tota ed, from ler 512-	(f) hare of al income		Disprop alloca	ations?	e Code amoun 20 Sched	(I) V-UBI nt in box 0 of dule K-1 1 1065)	partr	al or ging ner?	(k) Percent owners
									Yes	No			Yes	No	
														_	
			+ -												
							n ansv	vered "Yes	" on F	orm 9	990, Pa	art IV,	line	34	
because it had one or more rela (a) Name, address, and EIN of related organization		s a corporation	on or tru (c) egal micile or foreign	st during th			ntity !	vered "Yes (f) Share of total income	Share	(g) e of end- year assets		art IV, (h) Percen owner:) tage	Se (13	ction 3) cor entil
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a	s a corporation (on or tru (c) egal micile	st during th	ne tax yea (d) t controlling entity	(e) Type of e (C corp, S	ntity !	(f) Share of total	Share	(g) e of end- year		(h) Percen) tage	Se (13	(i) ction ! 3) con entit (es
because it had one or more rela (a) Name, address, and EIN of related organization D VALLEY DISCOVERIESINC T 50TH STREET CITY, MO 64110	eted organizations treated a (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling entity	(e) Type of e (C corp, S or trus	ntity !	(f) Share of total Income	Share	(g) e of end- year	l-of-	(h) Percen) tage	Se (13	ction 3) cor entil 'es
because it had one or more rela (a) Name, address, and EIN of related organization D VALLEY DISCOVERIESINC T 50TH STREET CITY, MO 64110	eted organizations treated a (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling entity	(e) Type of e (C corp, S or trus	ntity !	(f) Share of total Income	Share	(g) e of end- year	l-of-	(h) Percen) tage	Se (13	ction 3) cor entil 'es
because it had one or more rela (a) Name, address, and EIN of related organization D VALLEY DISCOVERIESINC T 50TH STREET CITY, MO 64110	eted organizations treated a (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling entity	(e) Type of e (C corp, S or trus	ntity !	(f) Share of total Income	Share	(g) e of end- year	l-of-	(h) Percen) tage	Se (13	ction 3) cor enti 'es
because it had one or more rela (a) Name, address, and EIN of related organization ED VALLEY DISCOVERIESINC T 50TH STREET CITY, MO 64110	eted organizations treated a (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling entity	(e) Type of e (C corp, S or trus	ntity !	(f) Share of total Income	Share	(g) e of end- year	l-of-	(h) Percen) tage	Se (13	ction 3) cor enti 'es
because it had one or more rela (a) Name, address, and EIN of related organization D VALLEY DISCOVERIESINC T 50TH STREET CITY, MO 64110	eted organizations treated a (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling entity	(e) Type of e (C corp, S or trus	ntity !	(f) Share of total Income	Share	(g) e of end- year	l-of-	(h) Percen) tage	Se (13	ction 3) cor enti 'es
because it had one or more rela (a) Name, address, and EIN of related organization ED VALLEY DISCOVERIESINC T 50TH STREET CITY, MO 64110	eted organizations treated a (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling entity	(e) Type of e (C corp, S or trus	ntity !	(f) Share of total Income	Share	(g) e of end- year	l-of-	(h) Percen) tage	Se (13	ction 3) cor entil 'es
(a) Name, address, and EIN of	eted organizations treated a (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign untry)	st during th	ne tax yea (d) t controlling entity	(e) Type of e (C corp, S or trus	ntity !	(f) Share of total Income	Share	(g) e of end- year	l-of-	(h) Percen) tage	Se (13	ction 3) coi enti 'es

nedule K (Form 990) 2017		Ра	ge 3
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
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 Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
${f s}$ Other transfer of cash or property from related organization(s)	1s		No

	Sharing of racincles, equipment, maining lists, or other assets with related organization(s).	1		
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	\perp
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved Method of determining amount involved	nount	ınvolve	ed .

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	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	1	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		?	(k) Percentage ownership
	<u> </u>		514)	Yes	No	<u> </u>		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2017

Schedule R (Form 990) 2017 Page **5** Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation PART II, LINE 5, COLUMN B STOWERS POLICY INSTITUTE INC ("SPI") IS AN ADVOCATE FOR A POLITICAL, ECONOMIC, AND SOCIAL ENVIRONMENT THAT ADVANCES AND PROTECTS BIOMEDICAL RESEARCH AND CURES

Explanation
VERIES, INC 'S ("BVD") PRIMARY ACTIVITY IS DEVELOPMENT AND MARKETING OF IES BIOMED VALLEY CORPORATION IS THE 100% SHAREHOLDER OF BVD

Return Reference	Explanation
	SIMR RECEIVES SUBLEASE PAYMENTS FROM BVD BASED ON COST FOR LESS THAN 300 SQ FT OF SPACE FOR A
	LIMITED USE PURPOSE THE RENT PAYMENTS FROM BVD TO SIMR DO NOT REDUCE BVD'S TAXABLE INCOME WHICH
	WOULD HAVE BEEN UBTI IF BVD WERE EXEMPT UNDER SECTION 501(c)(3) AND HAD THE SAME EXEMPT PURPOSE
	AS SIMR THEREFORE, NO PORTION OF THE RENT PAYMENTS FROM BVD CONSTITUTES UNRELATED BUSINESS
	INCOME TO SIMR UNDER SECTION 512(b)(13)

P

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

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

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

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

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

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

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

Return Reference	Explanation
PART V, LINE 2 (9)	FOR EACH ACADEMIC YEAR, SIMR PROVIDES AN APPROPRIATION TO GSSIMR BASED ON A PER CAPITA FUNDING FORMULA

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

Schedule R (Form 990) 2017

1000 EAST 50TH STREET KANSAS CITY, MO 64110

20-5916445

41-2186719

74-3238244

26-1472230

20-3270502

46-4588696

Software ID: **Software Version:**

Name: STOWERS INSTITUTE FOR MEDICAL RESEARCH

EIN: 20-2993509

SUPPORT ORG

SUPPORT ORG

SUPPORT ORG

TITLE HOLDING

SEE PART VII

EDUCATION

orm 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations											
(a)	(b)	(c)	(d)	(e)	(f)	(g	ı)				
Name, address, and EIN of related organization	Primary activity	Legal domicile	Exempt Code	Public charity	Direct controlling	Sectio	n 512				
•	, ,	(state	section	status	entity	(b)(13)				
		or foreign country)		(if section 501(c)	'	contr					
		(3))		entity?							
						Yes	No				

DE

DE

DE

DE

DE

МО

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(2)

501(C)(4)

501(C)(3)

SIMR

ISIMR

SIMR

SRM

SIMR

SIMR

Yes

Yes

Yes

Yes

Yes

Yes

12A-TYPE I

12A-TYPE I

12A-TYPE I

N/A

IN/A

(a)	(b)	(c)	ı
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (a) Amount Involved (d) Name of related organization Transaction type(a-s) Method of determining amount involved 14,779 MARKET VALUE BIOMED VALLEY DISCOVERIES INC Α THE GRADUATE SCHOOL OF SIMR В 350,000 MARKET VALUE STOWERS RESOURCE MANAGEMENT INC 80,000,000 MARKET VALUE STOWERS REAL ESTATE HOLDING CORP Κ 2,230,551 MARKET VALUE STOWERS RESOURCE MANAGEMENT INC Р 22.963.066 COST REIMB THE GRADUATE SCHOOL OF SIMR Р 1,643,847 COST REIMB COST REIMB BIOMED VALLEY DISCOVERIES INC Р 298,752 BIOMED VALLEY DISCOVERIES INC Q 851,700 COST REIMB THE GRADUATE SCHOOL OF SIMR R 1,050,000 MARKET VALUE

SEE PART VII FOR ADDITIONAL INFORMATION