

UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE
FORM 990 & 990-T
PUBLIC DISCLOSURE
TAX YEAR 2019

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30, 20 20Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2019**

Name of exempt organization

UNIVERSITY OF KANSAS MEDICAL CENTER

Employer identification number

48-1108830

Name and title of officer

PAUL TOLER, DIRECTOR**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>152696195.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 8 7 2 2 2 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4 3 3 7 2 2 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019**Open to Public
Inspection****A For the 2019 calendar year, or tax year beginning****07/01, 2019, and ending****06/30, 2020****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization **UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Doing Business As

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

Room/suite

3901 RAINBOW BLVD, MAILSTOP 1039

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

KANSAS CITY, KS 66160

F Name and address of principal officer: **LISA HOEBELHEINRICH**

3901 RAINBOW BLVD, MS 1039, KANSAS CITY, KS 66160

D Employer identification number

48-1108830

E Telephone number

(913) 588-1261

G Gross receipts \$ 182,090,838.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.KUMC.EDU/KUMCRI.HTML**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1992**M** State of legal domicile: KS**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. SUPPORTS THE RESEARCH ACTIVITIES OF THE UNIVERSITY OF KANSAS MEDICAL CENTER.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	80.
	6	Total number of volunteers (estimate if necessary)	6	5.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,141,876.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	145,834.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	12,552,568.	10,533,391.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,026,061.	126,877,113.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,095,774.	2,391,714.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	739,276.	12,893,977.
	12		124,413,679.	152,696,195.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,772,203.	29,539,531.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	59,469,316.	66,181,402.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,435,475.	39,513,161.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	113,676,994.	135,234,094.
	19	Revenue less expenses. Subtract line 18 from line 12	10,736,685.	17,462,101.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	101,564,864.	107,989,716.
	22	Net assets or fund balances. Subtract line 21 from line 20.	23,947,618.	10,862,302.
			77,617,246.	97,127,414.

**COPY FOR
PUBLIC INSPECTION****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer	Date
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name MICHAEL J ENGLE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00482834
Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260	Phone no.	816-221-6300	
Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2019)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE	Taxpayer identification number (TIN) 48-1108830
	Number, street, and room or suite no. If a P.O. box, see instructions. 3901 RAINBOW BLVD, MAILSTOP 1039	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, KS 66160	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PAUL TOLER

- The books are in the care of ► 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY KS 66160

Telephone No. ► 913 588-5313

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20____ or
 ► ☒ tax year beginning 07/01, 2019, and ending 06/30, 2020.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 128,307,644. including grants of \$ 29,502,710.) (Revenue \$ 126,105,885.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 128,307,644.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 80		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a 22	
b Enter the number of voting members included on line 1a, above, who are independent.	1b 5	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **KS**,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 PAUL TOLER 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160 913-588-5313

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUG GIROD DIRECTOR	1.00 39.00	X						0.	639,340.	111,310.
(2) ROBERT SIMARI DIRECTOR	1.00 39.00	X						0.	694,756.	48,074.
(3) RICHARD BAROHN DIRECTOR	5.00 35.00	X						0.	658,458.	38,597.
(4) PETER SMITH DIRECTOR	1.00 39.00	X						0.	393,074.	48,596.
(5) MATTHIAS SALATHE DIRECTOR	5.00 35.00	X						0.	349,579.	39,006.
(6) DAVID VRANICAR DIRECTOR	1.00 39.00	X						0.	339,571.	48,950.
(7) STEFFANI WEBB DIRECTOR	1.00 39.00	X						0.	306,611.	45,055.
(8) DIANNA GODDARD DIRECTOR	1.00 39.00	X						0.	285,999.	44,755.
(9) SALLY MALISKI DIRECTOR	1.00 39.00	X						0.	264,080.	43,435.
(10) ABIODUN AKINWUNTAN DIRECTOR	1.00 39.00	X						0.	243,357.	45,120.
(11) STEVEN WEINMAN DIRECTOR	1.00 39.00	X						0.	233,434.	46,858.
(12) JAMIE CALDWELL DIRECTOR/OFFICER	38.00 2.00	X		X				227,960.	0.	30,392.
(13) K JAMES KALLAIL DIRECTOR	1.00 39.00	X						0.	219,816.	35,907.
(14) AKINLOLU OJO DIRECTOR	1.00 39.00	X						0.	201,367.	24,797.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BARBARA POLIVKA ----- DIRECTOR	1.00 39.00	X						0.	188,523.	27,000.
(16) SUSAN CARLSON ----- DIRECTOR	1.00 39.00	X						0.	160,373.	35,754.
(17) JAMES CALVET ----- DIRECTOR	1.00 39.00	X						0.	154,219.	33,020.
(18) PETER GRIFFITH ----- BOD SECRETARY	38.00 2.00			X				157,639.	0.	13,367.
(19) PAUL TOLER ----- CFO/TREASURER	38.00 2.00			X				114,057.	0.	25,263.
(20) HOLLY HULL ----- DIRECTOR	1.00 39.00	X						0.	94,470.	30,654.
(21) ADRIENNE KORDALSKI ----- DIRECTOR	1.00 39.00	X						0.	57,173.	3,726.
(22) TIMOTHY SISKEY ----- DIRECTOR	1.00 1.00	X						12,900.	0.	0.
(23) IRENE BETTINGER ----- DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) JOHN STANLEY ----- DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) ANGELA COOK ----- DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Sub-total								512,556.	5,484,200.	819,636.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								512,556.	5,484,200.	819,636.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 7

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

		Yes	No
3	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>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	163,047.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	10,370,344.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f		10,533,391.				
	Program Service Revenue				Business Code			
2a		RESEARCH GRANT		621500	73,546,106.	73,546,106.		
b		CLINICAL RESEARCH		621500	24,046,134.	22,904,258.	1,141,876.	
c		FEDERAL F AND A REVENUE		621500	29,284,873.	29,284,873.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			126,877,113.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			2,379,662.		2,379,662.	
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
				29,406,695.				
	b	Less: cost or other basis and sales expenses . .	7b		29,394,643.			
	c	Gain or (loss)	7c		12,052.			
	d	Net gain or (loss)			12,052.		12,052.	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		0.			
	b	Less: direct expenses	8b		0.			
	c	Net income or (loss) from fundraising events.			0.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a		0.			
b	Less: direct expenses	9b		0.				
c	Net income or (loss) from gaming activities.			0.				
10a	Gross sales of inventory, less returns and allowances	10a		0.				
b	Less: cost of goods sold	10b		0.				
c	Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue				Business Code				
	11a	TECHNOLOGY REVENUE		900099	370,648.	370,648.		
	b	CANCELLATION OF DEBT		900099	12,521,631.		12,521,631.	
	c	ALL OTHER MISC REVENUE		900099	1,698.		1,698.	
	d	All other revenue						
	e	Total. Add lines 11a-11d			12,893,977.			
12	Total revenue. See instructions				152,696,195.	126,105,885.	1,141,876.	14,915,043.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,365,890.	28,365,890.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	960,309.	960,309.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	213,332.	213,332.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	620,980.		620,980.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	53,085,207.	49,441,611.	3,643,596.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,373,654.	3,169,018.	204,636.	
9 Other employee benefits	5,828,234.	5,298,692.	529,542.	
10 Payroll taxes	3,273,327.	2,994,779.	278,548.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	13,059.		13,059.	
c Accounting	115,780.	43,263.	72,517.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	21,728,999.	21,084,025.	644,974.	
12 Advertising and promotion	98,996.	98,921.	75.	
13 Office expenses	1,331,347.	1,225,654.	105,693.	
14 Information technology	650,329.	616,964.	33,365.	
15 Royalties	32,079.	32,079.		
16 Occupancy	494,785.	494,785.		
17 Travel	1,958,606.	1,899,103.	59,503.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	177,017.	175,522.	1,495.	
20 Interest	390,816.	390,816.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	763,949.	763,949.		
23 Insurance	18,267.		18,267.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH SUPPLIES	6,726,805.	6,726,805.		
b EQUIPMENT	4,114,972.	4,053,291.	61,681.	
c DUES, MEMBERSHIPS & SUB.	236,136.	236,136.		
d				
e All other expenses	661,219.	22,700.	638,519.	
25 Total functional expenses. Add lines 1 through 24e	135,234,094.	128,307,644.	6,926,450.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	401.	1	400.
	2 Savings and temporary cash investments.	13,403,270.	2	15,012,273.
	3 Pledges and grants receivable, net	17,408,899.	3	17,596,616.
	4 Accounts receivable, net.	8,108,234.	4	10,409,561.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	195,210.	9	239,613.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 456,790.		
	b Less: accumulated depreciation.	10b 456,790.	10c	0.
	11 Investments - publicly traded securities.	61,824,897.	11	64,009,045.
	12 Investments - other securities. See Part IV, line 11.	380,077.	12	522,677.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	243,876.	15	199,531.
16 Total assets. Add lines 1 through 15 (must equal line 33)	101,564,864.	16	107,989,716.	
Liabilities	17 Accounts payable and accrued expenses.	7,239,152.	17	4,440,953.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	1,146,127.	19	3,228,600.
	20 Tax-exempt bond liabilities.	13,297,843.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,264,496.	25	3,192,749.
	26 Total liabilities. Add lines 17 through 25.	23,947,618.	26	10,862,302.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	71,620,645.	27	90,113,721.
	28 Net assets with donor restrictions.	5,996,601.	28	7,013,693.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	77,617,246.	32	97,127,414.
33 Total liabilities and net assets/fund balances.	101,564,864.	33	107,989,716.	

Form **990** (2019)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,696,195.
2	Total expenses (must equal Part IX, column (A), line 25)	2	135,234,094.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,462,101.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,617,246.
5	Net unrealized gains (losses) on investments	5	2,075,122.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-27,055.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,127,414.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☒ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 2

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) KU MED CENTER	48-1124839	2	X		127,247,760.	0.
(B) UNIV OF KANSAS	48-1124839	2	X		0.	0.
(C)						
(D)						
(E)						
Total					127,247,760.	

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b A family member of a person described in (a) above?	11b	X
c 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	X

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	X
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	X

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

	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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		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.			
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		

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Schedule of Contributors

OMB No. 1545-0047

2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE	Employer identification number 48-1108830
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 339,659.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 138,333.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 14,167.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 31,812.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 200,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 172,283.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 25,766.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 18,888.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,459.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 108,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 164,212.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 86,338.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 125,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNIVERSITY OF KANSAS MEDICAL CENTER
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Employer identification number
48-1108830

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 6,563,828.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 133,842.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 99,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 18,750.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 17,929.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 900,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 19,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 87,295.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 65,650.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 110,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 82,809.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 38,047.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 69,324.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number
48-1108830

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB 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.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

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

Schedule D (Form 990) 2019

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 456,790. | 456,790. | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ | | | | |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO KUMC	3,192,749.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	144,686,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,075,122.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,228,198.
e	Add lines 2a through 2d	2e	5,303,320.
3	Subtract line 2e from line 1	3	139,383,560.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	13,312,635.
c	Add lines 4a and 4b	4c	13,312,635.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	152,696,195.

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

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

1	Total expenses and losses per audited financial statements	1	136,634,004.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,163,859.
e	Add lines 2a through 2d	2e	2,163,859.
3	Subtract line 2e from line 1	3	134,470,145.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	763,949.
c	Add lines 4a and 4b	4c	763,949.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	135,234,094.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

RI FOLLOWS ACCOUNTING REQUIREMENTS RELATED TO UNCERTAIN TAX POSITIONS. TAX POSITIONS TAKEN MAY INCLUDE POSITIONS THAT RI IS EXEMPT FROM INCOME TAXES OR HOW RI DETERMINES ITS UNRELATED BUSINESS INCOME. UNCERTAIN TAX POSITIONS ARE RECOGNIZED IF IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE TAX POSITION WILL BE REALIZED OR SUSTAINED UPON AN EXAMINATION BY THE RELEVANT TAX AUTHORITY. NO AMOUNTS HAVE BEEN RECORDED AT JUNE 30, 2020 AND 2019, WITH RESPECT TO UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 2D & 4B

LINE 2D

RELATED ENTITY REVENUE	\$ 4,214,333
ELIMINATIONS	(986,135)

	\$ 3,228,198

LINE 4B

AMORTIZATION OF BOND DISCOUNTS	\$ 763,949
CANCELLATION OF DEBT	\$ 12,521,631
CHANGES TO PRIOR YEAR CONTRIBUTIONS	\$ 27,055

	\$ 13,312,635

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 2D & 4B

LINE 2D

RELATED ENTITY EXPENSES \$ 3,149,994

ELIMINATIONS (986,135)

\$ 2,163,859

LINE 4B

AMORTIZATION OF BOND DISCOUNTS \$ 763,949

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

► **Attach to Form 990.**

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

Name of the organization **UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	TRAVEL	24,464.
(2) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	TRAVEL	31,467.
(3) EUROPE (INCLUDING ICELAND AND	0.	0.	PROGRAM SERVICES	TRAVEL	70,561.
(4) NORTH AMERICA	0.	0.	PROGRAM SERVICES	TRAVEL	9,889.
(5) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	TRAVEL	2,636.
(6) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	TRAVEL	13,162.
(7) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		7,892.
(8) EUROPE (INCLUDING ICELAND AND	0.	0.	GRANTMAKING		205,440.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					365,511.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					365,511.

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

Schedule F (Form 990) 2019

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	RESEARCH	7,892.	EFT			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	84,165.	EFT			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	101,903.	EFT			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	19,372.	EFT			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3.
- 3 Enter total number of other organizations or entities 1.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ **Yes** ☒ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ **Yes** ☒ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ **Yes** ☒ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2019

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

SPONSORED PROGRAMS ADMINISTRATION DEPARTMENT ASSESSES IF ANY SPECIAL
AGENCY REPORTING OR AWARD RELATED TERMS AND CONDITIONS ARE NEEDED
PRIOR TO ISSUING SUB AWARDS. TO ENSURE FUNDS ARE USED FOR AUTHORIZED
PURPOSES SUB AWARDS ARE ISSUED ON A COST REIMBURSEMENT BASIS. ALL
INVOICES ARE REVIEWED AND APPROVED BY THE PRIME PRINCIPLE
INVESTIGATOR AND ACCOUNTING STAFF. PROGRESS REPORTS ARE ALSO REQUIRED
TO ENSURE PERFORMANCE GOALS ARE ACHIEVED.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN SOCIETY OF TRANSPLANT SURGEONS 1401 S CLARK ST STE 1120	13-3048373	501(C)(3)	1,700,997.				RESEARCH
(2) ARBOR RESEARCH COLLABORATIVE FOR HEALTH 3700 EARHART RD ANN ARBOR, MI 48105	38-3289521	501(C)(3)	188,937.				RESEARCH
(3) ARIZONA STATE UNIVERSITY DNASU PLASMID REPOSITORY TEMPE, AZ 85287	86-0196696	GOVT	171,570.				RESEARCH
(4) ARKANSAS CHILDRENS RESEARCH INSTITUTE 1 CHILDRENS WAY SLOT 842	71-0694931	501(C)(3)	8,275.				RESEARCH
(5) BERRY CONSULTANTS LLC 4301 WESTBANK DR STE 140B AUSTIN, TX 76746	76-0644163	CORP	20,000.				RESEARCH
(6) BETH ISRAEL DEACONESS MEDICAL CENTER 99 BROOKLINE AVENUE - RESEARCH 330E	04-2103881	501(C)(3)	11,557.				RESEARCH
(7) BRIGHAM AND WOMEN'S HOSPITAL INC PO BOX 3887 BOSTON, MA 02241	04-2312909	501(C)(3)	29,559.				RESEARCH
(8) BROWN UNIVERSITY OFFICE OF SPONSORED PROJECTS	05-0258809	501(C)(3)	34,200.				RESEARCH
(9) CASE WESTERN RESERVE UNIVERSITY ATT SPA NORD HALL STE 600	34-1018992	501(C)(3)	37,292.				RESEARCH
(10) CHILDREN'S HOSPITAL OF NEW ORLEANS 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	25,294.				RESEARCH
(11) CHILDREN'S MERCY HOSPITAL PATIENT ACCOUNTS DEPARTMENT	44-0605373	501(C)(3)	789,875.				RESEARCH
(12) CURATORS OF THE UNIVERSITY OF MISSOURI BUSINESS OFFICE KANSAS CITY, MO 64110	43-6003859	GOVT	556,589.				RESEARCH

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2019

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Inspection**

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Employer identification number
48-1108830

Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DEVELOPMENTAL DISABILITY SERVICES OF 8511 HILLCREST ROAD SUITE 300	43-1119054	501(C)(3)	20,764.				RESEARCH
(2) DUKE UNIVERSITY MEDICAL CENTER ROOM 468 CARL BLDG RESEARCH DRIVE	56-0532129	501(C)(3)	6,024.				RESEARCH
(3) EAST CAROLINA UNIVERSITY 106 WHICHARD BUILDING GREENVILLE, NC 27858	56-6000403	GOVT	246,740.				RESEARCH
(4) EMORY UNIVERSITY EMORY GENETICS LAB - 103 B JONES CTR	58-0566256	501(C)(3)	98,776.				RESEARCH
(5) EMPORIA STATE UNIVERSITY RESEARCH & GRANTS CENTER EMPORIA, KS 66801	48-1124839	GOVT	167,473.				RESEARCH
(6) FORT HAYS STATE UNIVERSITY BUSINESS OFFICE HAYS, KS 67601	48-1210777	GOVT	84,606.				RESEARCH
(7) GLOBAL HEALTH INNOVATIONS 524 WALNUT ST #330 KANSAS CITY, MO 64106	20-1059464	501(C)(3)	111,726.				RESEARCH
(8) HASKELL FOUNDATION 155 INDIAN AVENUE LAWRENCE, KS 66046	48-0988099	501(C)(3)	40,781.				RESEARCH
(9) HAYS MEDICAL CENTER PO 8100 HAYS, KS 67601	48-0559088	501(C)(3)	10,000.				RESEARCH
(10) HOUSTON NEUROCARE PA 6624 FANNIN STREET SUITE 1670	76-0554263	501(C)(3)	40,225.				RESEARCH
(11) HUGO W MOSER RESEARCH INSTITUE 707 NORTH BROADWAY BALTIMORE, MD 21205	52-1524967	501(C)(3)	65,234.				RESEARCH
(12) IHC HEALTH SERVICES INC P.O BOX 57828 SALT LAKE CITY, UT 84157	94-2854057	CORP	116,683.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table ►

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2019

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Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
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Employer identification number
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 46266	35-6001673	GOVT	75,982.				RESEARCH
(2) JOHN HOPKINS UNIVERSITY CENTRAL LOCKBOX C/O BANK OF AMERICA	52-0595110	501(C)(3)	28,860.				RESEARCH
(3) JOHNSON COUNTY COMMUNITY COLLEGE 12345 COLLEGE BLVD OVERLAND PARK, KS 66210	48-0735009	GOVT	91,669.				RESEARCH
(4) KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	17,863.				RESEARCH
(5) KANSAS STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE	48-0771751	GOVT	740,661.				RESEARCH
(6) KU CENTER FOR TECHNOLOGY 3901 RAINBOW BLVD KANSAS CITY, KS 66160	26-2838693	501(C)(3)	447,375.				RESEARCH
(7) LANGSTON UNIVERSITY PO BOX 608 LANGSTON, OK 73050	73-6017987	501(C)(3)	96,040.				RESEARCH
(8) LIVE WELL NORTHWEST KANSAS NORTHWEST KANSAS COUNCIL ON SUBSTANCE ABUSE	48-0950931	501(C)(3)	10,417.				RESEARCH
(9) LSU HEALTH SCIENCES CTR HEALTH SCIENCES CENTER	72-6087770	GOVT	36,445.				RESEARCH
(10) MAGEE WOMENS RESEARCH INST AND FND 3339 WARDS STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	11,458.				RESEARCH
(11) MARSHFIELD CLINIC INC DBA MARSHFIELD CLINIC RES FOUNDATION	39-0452970	501(C)(3)	193,622.				RESEARCH
(12) MAWD PATHOLOGY GROUP, PA 2750 CLAY EDWARDS DR STE 420	43-0922750	CORP	27,453.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table ►

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MAYO CLINIC ROCHESTER ATTN: REMIT PROCESSING ROCHESTER, MN 55903	41-6011702	501(C)(3)	314,891.				RESEARCH
(2) MCMASTER UNIVERSITY 1400 MAIN STREET WEST IAHS-403	999999999	501(C)(3)	19,656.				RESEARCH
(3) MEDICAL COLLEGE OF WISCONSIN INC CONTROLLERS OFFICE POB 26509	39-0806261	501(C)(3)	238,929.				RESEARCH
(4) MICHIGAN STATE UNIVERSITY DEPT OF OB/GYN EAST LANSING, MI 48824	38-6005984	GOVT	39,109.				RESEARCH
(5) MOUNT SINAI MEDICAL CENTER OF FLORIDA 4300 ALTON RD MIAMI BEACH, FL 33140	59-0624424	501(C)(3)	475,796.				RESEARCH
(6) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	47,214.				RESEARCH
(7) OAK THERAPEUTICS INC 2029 BECKER DR LAWRENCE, KS 66047	38-3927638	CORP	13,825.				RESEARCH
(8) OCCK INC 1710 W SCHILLING ROAD SALINA, KS 67401	48-1251313	501(C)(3)	42,592.				RESEARCH
(9) OHIO STATE UNIVERSITY CHTN - INNOVATION CNTR 2ND FLOOR	31-6401599	GOVT	199,780.				RESEARCH
(10) OKLAHOMA STATE UNIVERSITY FOR HEALTH SCIENC DEPT. BIOCHEMISTRY DNA/PROTEIN CORE FACILIT	73-1383996	501(C)(3)	58,858.				RESEARCH
(11) OLATHE MEDICAL CENTER 20333 W 151ST ST OLATHE, KS 66061	48-0577664	501(C)(3)	20,000.				RESEARCH
(12) OREGON HEALTH AND SCIENCES UNIVERSITY MAILCODE L106 OPAM PORTLAND, OR 97239	93-1176109	501(C)(3)	24,165.				RESEARCH

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
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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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PITTSBURG STATE UNIVERSITY CASHIER'S OFFICE PITTSBURG, KS 66762	48-6119268	GOVT	264,256.				RESEARCH
(2) PNA CENTER FOR NEUROLOGICAL RESEARCH 5090 N 40TH STREET SUITE 250	26-2553380	501(C)(3)	16,910.				RESEARCH
(3) REGENTS OF THE UNIVERSITY OF CALIFORNIA CALIFORNIA UNIVERSITY OF SAN FRANCISCO	94-6036493	GOVT	71,085.				RESEARCH
(4) REGENTS OF THE UNIVERSITY OF MICHIGAN 3000 S STATE STREET ANN ARBOR, MI 48109	38-6006309	GOVT	32,624.				RESEARCH
(5) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5960 PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	GOVT	88,916.				RESEARCH
(6) REGENTS OF UNIVERSITY OF COLORADO CU TECHNOLOGY TRANSFER OFFICE	84-6000555	GOVT	12,063.				RESEARCH
(7) RESEARCH FOUNDATION OF SUNY DBA CENTER FOR FUNCTIONAL GENOMICS	14-1368361	501(C)(3)	5,813.				RESEARCH
(8) RESEARCH TRIANGLE INSTITUTE RTI INTERNATIONAL, SUDAAN RALEIGH, NC 27675	56-0686338	501(C)(3)	190,284.				RESEARCH
(9) RUTGERS UNIVERSITY CENTER FOR COLLABORATIVE NEUROSCIENCE	22-6001086	GOVT	17,751.				RESEARCH
(10) SALINA REGIONAL HEALTH CENTER INC PO BOX 3677 SALINA, KS 67401	48-1169103	501(C)(3)	20,000.				RESEARCH
(11) ST FRANCIS HOSPITAL AND MEDICAL 1700 SW 7TH STREET 2ND FLOOR	48-0547719	501(C)(3)	10,000.				RESEARCH
(12) STOWERS INSTITUTE FOR MEDICAL RESEARCH PO BOX 412411 KANSAS CITY, MO 64141	43-1684454	501(C)(3)	19,000.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table ►

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEXAS TECH UNIVERSITY BOX 41105 LUBBOCK, TX 79409	75-6002622	GOVT	27,645.				RESEARCH
(2) THRIVE ALLEN COUNTY 9 S JEFFERSON AVE IOLA, KS 66749	32-0198379	501(C)(3)	6,389.				RESEARCH
(3) TRUMAN MEDICAL CENTER PO BOX 957712 ST. LOUIS, MO 63195	44-0661018	501(C)(3)	10,000.				RESEARCH
(4) UNIFIED GOVERNMENT OF WYANDOTTE COUNTY 5033 STATE AVE KANSAS CITY, KS 66102	48-1194075	GOVT	23,644.				RESEARCH
(5) UNIV OF KS MED CENTER RESEARCH PROPERTIES 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1172394	501(C)(2)	123,112.				RESEARCH
(6) UNIV TEXAS HEALTH SCIENCE CENTER 240 PEACHTREE ST., STE. 22S10	74-1586031	501(C)(3)	127,629.				RESEARCH
(7) UNIVERSITY OF ALABAMA AT DEPARTMENT OF GENETICS KAUL 230	63-6005396	GOVT	146,366.				RESEARCH
(8) UNIVERSITY OF CALIFORNIA UNIVERSITY OFFICE BLDG 200	95-6006142	GOVT	39,223.				RESEARCH
(9) UNIVERSITY OF CHICAGO 920 EAST 58TH ST ROOM 505B	36-2177139	501(C)(3)	239,119.				RESEARCH
(10) UNIVERSITY OF CINCINNATI SPONSORED RESEARCH ACCOUNTING	31-6000989	GOVT	129,881.				RESEARCH
(11) UNIVERSITY OF FLORIDA RESEARCH & GRADUATE PROGRAMS	59-6002052	GOVT	11,259.				RESEARCH
(12) UNIVERSITY OF IOWA GRANT ACCOUNTING IOWA CITY, IA 52242	42-6004813	GOVT	626,995.				RESEARCH

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

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Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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(1) UNIVERSITY OF KANSAS CENTER FOR RESEARCH ATTN ACCOUNTS RECEIVABLE LAWRENCE, KS 66045	48-0680117	GOVT	2,506,456.				RESEARCH
(2) UNIVERSITY OF KANSAS INFORMATION TECHNOLOGY LAWRENCE, KS 66045	48-1124839	GOVT	212,355.				RESEARCH
(3) UNIVERSITY OF KS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-6029925	GOVT	13,493,316.				RESEARCH
(4) UNIVERSITY OF LOUISVILLE RESEARCH SPONSORED PROGRAMS FIN ADMIN	23-7078461	501(C)(3)	203,181.				RESEARCH
(5) UNIVERSITY OF MIAMI 1507 LEVANTE AVENUE CORAL GABLES, FL 33124	59-0624458	501(C)(3)	85,080.				RESEARCH
(6) UNIVERSITY OF NEBRASKA-LINCOLN SPONSORED PROGRAMS ACCT OMAHA, NE 68198	47-0049123	GOVT	207,146.				RESEARCH
(7) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE STE 2200	56-6001393	GOVT	96,155.				RESEARCH
(8) UNIVERSITY OF PITTSBURGH OF THE COMMON OFFICE OF RESEARCH - COST ACCTNG	25-0965591	501(C)(3)	357,493.				RESEARCH
(9) UNIVERSITY OF ROCHESTER 910 GENESEE STREET SUITE 200	16-0743209	501(C)(3)	150,946.				RESEARCH
(10) UNIVERSITY OF SOUTHERN CALIFORNIA STUDENT ACCOUNT SERVICES - HSH - 211	95-1642394	GOVT	7,988.				RESEARCH
(11) UNIVERSITY OF TEXAS PO BOX 7159 AUSTIN, TX 78713	47-4600020	GOVT	78,303.				RESEARCH
(12) UNIVERSITY OF UTAH HOSPITALS & CLINICS DBA ROCKY MOUNTAIN CANCER DATA	87-6000525	GOVT	193,438.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF VIRGINIA PO BOX 800741 CHARLOTTESVILLE, VA 22908	54-6001796	GOVT	17,301.				RESEARCH
(2) UNIVERSITY OF WASHINGTON HSB I 421 BOX 357330 SEATTLE, WA 98195	91-6001537	GOVT	58,693.				RESEARCH
(3) UNIVIVERSITY OF TEXAS HEALTH SCIENCE CENTER HEALTH SCIENCE CENTER HOUSTON, TX 77021	74-1761309	501(C)(3)	5,382.				RESEARCH
(4) VANDERBILT UNIVERSITY MEDICAL CENTER DEPT OF FINANCE ATLANTA, GA 31192	62-0476822	501(C)(3)	47,616.				RESEARCH
(5) VERSITI BLOODCENTER OF WISCONSIN DBA VERSITI WISCONSIN BLOOD RESEARCH INSTIT	39-0807235	501(C)(3)	32,313.				RESEARCH
(6) VIA CHRISTI HOSPITAL PITTSBURG INC ATTN ACCOUNTING PITTSBURG, KS 66762	48-0543778	501(C)(3)	10,000.				RESEARCH
(7) VIRGINIA COMMONWEALTH UNIVERSITY MCV PHYSICIANS BALTIMORE, MD 21279	54-1581185	GOVT	54,328.				RESEARCH
(8) WASHBURN UNIVERSITY OF TOPEKA 1700 SW COLLEGE AVENUE TOPEKA, KS 66621	48-6030115	GOVT	55,259.				RESEARCH
(9) WASHINGTON UNIVERSITY OB GYN CAMPUS BOX 8064 ST LOUIS, MO 63110	43-0653611	GOVT	34,433.				RESEARCH
(10) WICHITA STATE UNIVERSITY OFFICE OF RESEARCH ADMIN WICHITA, KS 67260	48-1124839	GOVT	174,387.				RESEARCH
(11) YMCA OF GREATER KANSAS CITY 3100 BROADWAY - SUITE 1020	44-0546002	501(C)(3)	28,989.				RESEARCH
(12) ALLINA HELATH LABORATORY PO BOX 342 MAIL ROUTE 20201	36-3261413	501(C)(3)	102,708.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 96.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TUITION ASSISTANCE	325.	708,282.			
2 STIPENDS	33.	252,027.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

SPONSORED PROGRAMS ADMINISTRATION DEPARTMENT ASSESSES IF ANY SPECIAL
AGENCY REPORTING OR AWARD RELATED TERMS AND CONDITIONS ARE NEEDED
PRIOR TO ISSUING SUB AWARDS. TO ENSURE FUNDS ARE USED FOR AUTHORIZED
PURPOSES SUB AWARDS ARE ISSUED ON A COST REIMBURSEMENT BASIS. ALL
INVOICES ARE REVIEWED AND APPROVED BY THE PRIME PRINCIPLE
INVESTIGATOR AND ACCOUNTING STAFF. PROGRESS REPORTS ARE ALSO REQUIRED
TO ENSURE PERFORMANCE GOALS ARE ACHIEVED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID VRANICAR DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	335,700.	0.	3,871.	23,800.	25,150.	388,521.	0.
2 DOUG GIROD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	538,653.	0.	100,687.	34,000.	77,310.	750,650.	0.
3 JAMES CALVET DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	124,911.	0.	29,308.	13,378.	19,642.	187,239.	0.
4 JAMIE CALDWELL DIRECTOR/OFFICER	(i)	226,708.	0.	1,252.	19,411.	10,981.	258,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 K JAMES KALLAIL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,549.	0.	4,267.	18,700.	17,207.	255,723.	0.
6 PETER SMITH DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	360,067.	0.	33,007.	33,105.	15,491.	441,670.	0.
7 STEFFANI WEBB DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	304,454.	0.	2,157.	23,800.	21,255.	351,666.	0.
8 ROBERT SIMARI DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	657,465.	0.	37,291.	23,800.	24,274.	742,830.	0.
9 ABIODUN AKINWUNTAN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	242,767.	0.	590.	21,528.	23,592.	288,477.	0.
10 SALLY MALISKI DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	242,756.	0.	21,324.	22,636.	20,799.	307,515.	0.
11 SUSAN CARLSON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	131,493.	0.	28,880.	14,025.	21,729.	196,127.	0.
12 STEVEN WEINMAN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	229,192.	0.	4,242.	20,609.	26,249.	280,292.	0.
13 PETER GRIFFITH BOD SECRETARY	(i)	129,845.	0.	27,794.	0.	13,367.	171,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 DIANNA GODDARD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	284,181.	0.	1,818.	24,414.	20,341.	330,754.	0.
15 AKINLOLU OJO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	196,398.	0.	4,969.	17,222.	7,575.	226,164.	0.
16 BARBARA POLIVKA DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	186,410.	0.	2,113.	14,385.	12,615.	215,523.	0.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MATTHIAS SALATHE 1DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	347,128.	0.	2,451.	23,800.	15,206.	388,585.	0.
RICHARD BAROHN 2DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	603,965.	0.	54,493.	23,800.	14,797.	697,055.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2019

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.

SCHEDULE J, PART I, LINE 4B

RICHARD BAROHN \$22,620

DOUG GIROD \$63,495

SCHEDULE J, PART II & FORM 990, PART VII

ALL OFFICERS, EXCEPT FOR DIANNA GODDARD, ARE COMPENSATED BY THE

UNIVERSITY OF KANSAS MEDICAL CENTER, A RELATED ORGANIZATION. RESEARCH

INSTITUTE REIMBURSES THE UNIVERSITY OF KANSAS MEDICAL CENTER FOR THE

COMPENSATION. THE PRESENTATION ON FORM 990, PART VII IS BASED ON HOW THE

INDIVIDUAL SPENDS THEIR TIME, PER THE FORM 990 INSTRUCTIONS.

DIANNA GODDARD WAS PAID BY THE UNIVERSITY OF KANSAS, A RELATED

ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

FORM 990, PART III, LINE 1

PROMOTING AND AIDING IN THE FULFILLMENT OF SCIENTIFIC RESEARCH,
EDUCATIONAL, AND SERVICE FUNCTIONS OF THE UNIVERSITY OF KANSAS MEDICAL
CENTER. MANAGES GRANTS AND CONTRACTS FOR PROJECTS CONDUCTED BY PRINCIPAL
INVESTIGATORS WHO SERVE AS FACULTY AT THE UNIVERSITY OF KANSAS MEDICAL
CENTER.

FORM 990, PART III, LINE 4A

THE RESEARCH INSTITUTE WAS ESTABLISHED IN 1992 TO PROMOTE, SUPPORT, AND
ENHANCE MEDICAL RESEARCH FOR THE BENEFIT OF THE PUBLIC BY ADMINISTERING
FUNDED RESEARCH PROJECTS ON BEHALF OF THE UNIVERSITY OF KANSAS MEDICAL
CENTER (KUMC). THE RESEARCH INSTITUTE'S OBJECTIVES ARE TO:

- 1) SERVE KUMC BY PROMOTING AND OPERATING AT THE HIGHEST LEVEL OF
ADMINISTRATIVE AND FINANCIAL HONESTY AND INTEGRITY,
- 2) FOSTER INDIVIDUAL AND CONSORTIA PARTNERSHIPS BETWEEN KUMC RESEARCHERS
AND NATIONAL, REGIONAL AND LOCAL RESEARCH BIO-MEDICAL COMMUNITIES,
- 3) ENHANCE REVENUE TO RESEARCHERS AND THE UNIVERSITY THROUGH THE TRANSFER
OF RESEARCH DISCOVERIES AND OTHER INFORMATION TO THE PRIVATE
SECTOR; AND
- 4) FACILITATE COOPERATIVE RESEARCH INTERACTIONS DOMESTICALLY AND
INTERNATIONALLY BETWEEN THE KUMC AND CORPORATIONS, AND WITH OTHER
RESEARCH CENTERS THROUGHOUT THE GREATER KANSAS CITY METROPOLITAN
AREA, KANSAS, NATIONALLY AND INTERNATIONALLY.

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

FORM 990, PART V, LINE 2A

UNIVERSITY OF KANSAS MEDICAL CENTER, A RELATED ORGANIZATION, ISSUES W-2S
ON BEHALF OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 2

ALL DIRECTORS WITH RELATED ORGANIZATION COMPENSATION AND HOURS HAVE
BUSINESS RELATIONSHIPS.

FORM 990, PART VI, SECTION A, LINE 7A

THE BOARD MEMBERS OF THE UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH
INSTITUTE ARE AUTOMATICALLY BOARD MEMBERS BASED ON THEIR POSITIONS AT THE
UNIVERSITY KANSAS AND UNIVERSITY OF KANSAS CENTER FOR RESEARCH.

FORM 990, PART VI, SECTION B, LINE 11B

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS
THEN PROVIDED TO THE UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH
INSTITUTE'S JOINT EXECUTIVE AND FINANCE COMMITTEE FOR THEIR REVIEW PRIOR
TO FILING THE 990. ANY QUESTIONS OR CONCERNS THE JOINT EXECUTIVE AND
FINANCE COMMITTEE MAY HAVE ARE ADDRESSED AND ANY CORRECTIONS OR
CLARIFICATIONS THAT NEED TO BE MADE. THE FULL BOARD RECEIVES A COPY OF
THE 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

OFFICERS AND DIRECTORS MAKE DISCLOSURES ANNUALLY AT THE FIRST BOARD
MEETING OF THE YEAR. THE BOARD SECRETARY REVIEWS DISCLOSURES FOR
POTENTIAL CONFLICTS. THE SECRETARY WILL DISCUSS ANY POTENTIAL CONFLICTS
WITH THE EXECUTIVE DIRECTOR AND BOARD CHAIR.

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE HR DIRECTOR MAINTAINS AND UPDATES SALARY RANGES USING SURVEYS,
INDUSTRY PUBLICATIONS AND OTHER SOURCES. THE BOARD APPROVES THE PAY OF
THE EXECUTIVE DIRECTOR, CFO, AND HR DIRECTOR IN EXECUTIVE SESSION.

THE LAST REVIEW WAS PERFORMED BY THE HR DIRECTOR IN 2019.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE
ORGANIZATION PROVIDES BOARD MEMBERS WITH A COPY OF THE ARTICLES OF
INCORPORATION AND THE BY-LAWS AT BOARD MEMBER ORIENTATION. THE
ORGANIZATION WEBSITE HAS LINKS TO ORGANIZATION POLICIES AND THE RELATED
POLICIES OF THE UNIVERSITY. A HEADING TITLED ANNUAL REPORTS CONNECTS TO A
SECTION OF THE ORGANIZATION WEBSITE WITH LINKS TO THE FOLLOWING REPORTS:
FORM 990, SINGLE AUDIT REPORT (A-133), AND EXTRAMURAL FUNDING ANNUAL
REPORT (SUMMARY). THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PART XI, LINE 9

CHANGES TO PRIOR YEAR CONTRIBUTIONS \$ (27,055)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	CONSULTING SERVICES	10,921,375.
UNIVERSITY OF KANSAS HOSPITAL AUTHORITY	CONSULTING SERVICES	4,092,035.

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Employer identification number
48-1108830

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
3901 RAINBOW BLVD KANSAS CITY, MO 66160		
BD ALLEN CONSULTING 321 MOJAVE STREET LAKE QUIVIRA, KS 66217	CONSULTING SERVICES	372,000.
JANICE KINNEY 6442 BALTIMORE AVE KANSAS CITY, MO 64113	CONSULTING SERVICES	319,000.
UNIVERSITY OF KANSAS PHYSICIANS 2330 SHAWNEE MISSION PKWY WESTWOOD, KS 66205	CONSULTING SERVICE	275,935.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
OTHER FEES - RESEARCH	17,263,960.	16,751,520.	512,440.	0.
OTHER PROFESSIONAL FEES	2,055,947.	1,994,921.	61,026.	0.
OTHER FEES FOR SERVICES	2,409,092.	2,337,584.	71,508.	0.
TOTALS	<u>21,728,999.</u>	<u>21,084,025.</u>	<u>644,974.</u>	<u>0.</u>

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTEEmployer identification number
48-1108830**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY OF KS 48-1124839 1450 JAYHAWK BLVD LAWRENCE, KS 66045	EDUCATION	KS	GOVT		N/A		X
(2) UNIVERSITY OF KANSAS MEMORIAL CORP 48-6033927 1301 JAYHAWK BLVD LAWRENCE, KS 66045	RETAIL	KS	501(C)(3)	5	UNIV OF KS	X	
(3) KU CENTER FOR TECH COMMERCIALIZATION INC 26-2838693 3901 RAINBOW BLVD KANSAS CITY, KS 66160	PATENTS	KS	501(C)(3)	12A	KUMC - RI	X	
(4) STUDENT UNION OF UNIV OF KS MED CTR 48-0581966 3901 RANINBOW BLVD KANAS CITY, KS 66160	RETAIL	KS	501(C)(3)	10	UNIV OF KS	X	
(5) UNIVERSITY OF KANSAS CENTER FOR RESEARC 48-0680117 2385 IRVING HILL RD LAWRENCE, KS 66045	ADMIN	KS	501(C)(3)	10	UNIV OF KS	X	
(6) KU HEALTH PARTNERS, INC. 48-1149398 3901 RAINBOW BLVD KANSAS CITY, KS 66160	HEALTHCARE	KS	501(C)(3)	5	UNIV OF KS	X	
(7) UNIVERSITY OF KANSAS MEDICAL CENTER 48-1124839 3901 RAINBOW BLVD KANSAS CITY, KS 66160	MEDICAL CTR	KS	GOVT		UNIV OF KS	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTEEmployer identification number
48-1108830**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KU MEDICAL CTR RESEARCH PROPERTIES 78-1172394 3901 RAINBOW BLVD KANSAS CTIY, KS 66160	REAL ESTATE	KS	501(C)(2)		KUMC - RI	X	
(2) KANSAS ATHLETICS, INC. 48-6033929 1651 NAISMITH DRIVE LAWRENCE, KS 66045	ATHLETICS	KS	501(C)(3)	10	UNIV OF KS	X	
(3) KU CAMPUS DEVELOPMENT CORP 81-0754858 1450 JAYHAWK BLVD LAWRENCE, KS 66045	ADMIN	KS	GOVT		UNIV OF KS	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PRECEDE FUND LC 48-1210094 3901 RAINBOW BLVD KANSAS CITY,	INVESTMENT	KS	KUMC-RI	EXCLUDED FROM TAX	-18,899.	332,513.		X			X	73.3300
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) KANSAS LIFE SCIENCES DEVELOPMENT CO, INC 81-1725831 4330 SHAWNEE MISSION PKWY FAIRWAY, KS 66205	INVESTMENTS	KS	KUMC-RI	C-CORP	19,908.	1,327,280.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KU CENTER FOR TECHNOLOGY	B	447,375.	COST
(2) UNIV OF KS MED CENTER RESEARCH PROPERTIES	B	123,112.	COST
(3) KUMC	M	9,758,054.	COST
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A. 2020 Estimated Tax			A	
B. Enter 100 % of Line A	B			
C. Enter 100 % of tax on 2019 FORM 990-T	C	30,625.		
D. Required Annual Payment (Smaller of lines B or C)			D	30,625.
E. Income tax withheld (if applicable)			E	
F. Balance (As rounded to the nearest multiple of)			F	30,628.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2018 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	10/15/2020			
2	12/15/2020			
3	05/15/2021	22,971.		22,971.
4	06/15/2021	7,657.		7,657.
Total		30,628.		30,628.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form 2220 Department of the Treasury Internal Revenue Service	Underpayment of Estimated Tax by Corporations Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information.	OMB No. 1545-0123 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">2019</div>
Name UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE		Employer identification number 48-1108830

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	30,625.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method.	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	30,625.
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	30,625.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/>	The corporation is using the annualized income installment method.
8	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/2019	12/15/2019	03/15/2020	06/15/2020
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	7,656.	7,656.	7,656.	7,657.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		7,656.	15,312.	22,968.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		7,656.	15,312.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	7,656.	7,656.	7,656.	7,657.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20			
21 Number of days on line 20 after 4/15/2019 and before 7/1/2019	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 6% (0.06)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2019 and before 10/1/2019	23	ATTACHMENT 1		
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2019 and before 1/1/2020	25	SEE PENALTY COMPUTATION WHITEPAPER DETAIL		
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2019 and before 4/1/2020	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 5% (0.05)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2020 and before 7/1/2020	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x %	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2020 and before 10/1/2020	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x %	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2020 and before 1/1/2021	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x %	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2020 and before 3/16/2021	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$	1,108.	

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

ATTACHMENT 1PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	%	PENALTY
<u>QUARTER 1, RATE PERIOD 1 (10/15/2019 - 12/31/2019)</u>						
	7,656.	10/15/2019	12/31/2019	77	5	81.
TOTAL FOR QUARTER 1, RATE PERIOD 1						<u>81.</u>
<u>QUARTER 1, RATE PERIOD 2 (12/31/2019 - 09/30/2020)</u>						
	7,656.	12/31/2019	09/30/2020	274	5	287.
TOTAL FOR QUARTER 1, RATE PERIOD 2						<u>287.</u>
<u>QUARTER 1, RATE PERIOD 3 (09/30/2020 - 11/15/2020)</u>						
	7,656.	09/30/2020	11/15/2020	46	3	29.
TOTAL FOR QUARTER 1, RATE PERIOD 3						<u>29.</u>
<u>QUARTER 2, RATE PERIOD 1 (12/15/2019 - 12/31/2019)</u>						
	7,656.	12/15/2019	12/31/2019	16	5	17.
TOTAL FOR QUARTER 2, RATE PERIOD 1						<u>17.</u>
<u>QUARTER 2, RATE PERIOD 2 (12/31/2019 - 09/30/2020)</u>						
	7,656.	12/31/2019	09/30/2020	274	5	287.
TOTAL FOR QUARTER 2, RATE PERIOD 2						<u>287.</u>
<u>QUARTER 2, RATE PERIOD 3 (09/30/2020 - 11/15/2020)</u>						
	7,656.	09/30/2020	11/15/2020	46	3	29.
TOTAL FOR QUARTER 2, RATE PERIOD 3						<u>29.</u>
<u>QUARTER 3, RATE PERIOD 2 (03/15/2020 - 09/30/2020)</u>						
	7,656.	03/15/2020	09/30/2020	199	5	208.
TOTAL FOR QUARTER 3, RATE PERIOD 2						<u>208.</u>
<u>QUARTER 3, RATE PERIOD 3 (09/30/2020 - 11/15/2020)</u>						
	7,656.	09/30/2020	11/15/2020	46	3	29.
TOTAL FOR QUARTER 3, RATE PERIOD 3						<u>29.</u>

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	%	PENALTY
<u>QUARTER 4, RATE PERIOD 2 (06/15/2020 - 09/30/2020)</u>						
	7,657.	06/15/2020	09/30/2020	107	5	112.
TOTAL FOR QUARTER 4, RATE PERIOD 2						<u>112.</u>
<u>QUARTER 4, RATE PERIOD 3 (09/30/2020 - 11/15/2020)</u>						
	7,657.	09/30/2020	11/15/2020	46	3	29.
TOTAL FOR QUARTER 4, RATE PERIOD 3						<u>29.</u>
TOTAL UNDERPAYMENT PENALTY						<u>1,108.</u>

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.**2019**Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE	D Employer identification number (Employees' trust, see instructions.) 48-1108830
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. 3901 RAINBOW BLVD, MAILSTOP 1039	E Unrelated business activity code (See instructions.) 900099
C Book value of all assets at end of year 107,989,716.		City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, KS 66160	
F Group exemption number (See instructions.) ▶			
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ PHASE IV CLINICAL TRIALS. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ PAUL TOLER Telephone number ▶ 913-588-5313

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	1,141,876.					
b Less returns and allowances		c Balance ▶	1c	1,141,876.		
2 Cost of goods sold (Schedule A, line 7)			2			
3 Gross profit. Subtract line 2 from line 1c			3	1,141,876.		1,141,876.
4a Capital gain net income (attach Schedule D)			4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b			
c Capital loss deduction for trusts			4c			
5 Income (loss) from a partnership or an S corporation (attach statement)			5			
6 Rent income (Schedule C)			6			
7 Unrelated debt-financed income (Schedule E)			7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9			
10 Exploited exempt activity income (Schedule I)			10			
11 Advertising income (Schedule J)			11			
12 Other income (See instructions; attach schedule)			12			
13 Total. Combine lines 3 through 12			13	1,141,876.		1,141,876.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	458,288.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	5,808.
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule) ATCH. 1		27	378,319.
28 Total deductions. Add lines 14 through 27		28	842,415.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	299,461.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	
31 Unrelated business taxable income. Subtract line 30 from line 29		31	299,461.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE	Taxpayer identification number (TIN) 48-1108830
	Number, street, and room or suite no. If a P.O. box, see instructions. 3901 RAINBOW BLVD, MAILSTOP 1039	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, KS 66160	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PAUL TOLER

- The books are in the care of ► 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY KS 66160

Telephone No. ► 913 588-5313

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/17, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
 ► ☒ tax year beginning 07/01, 20 19, and ending 06/30, 20 20.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	299,461.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) ATCH. 2.	34	16,315.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	283,146.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) ATCH. 3	36	136,312.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.	37	146,834.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	145,834.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	40	30,625.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	30,625.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	46a	
b	Other credits (see instructions).	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	30,625.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	30,625.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868.	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total ▶	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	53	1,108.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	31,733.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶	Signature of officer	Date	Title
		05/15/2021	

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name MICHAEL J ENGLE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00482834
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260			
	Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246	Phone no. 816-221-6300			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals						

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 4		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14. ▶			

Form **990-T** (2019)

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

UNIVERSITY OF KANSAS MEDICAL CENTER

Employer identification number

48-1108830

Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ INVESTMENTS

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)		2		
3	Gross profit. Subtract line 2 from line 1c		3		
4a	Capital gain net income (attach Schedule D)		4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c	Capital loss deduction for trusts		4c		
5	Income (loss) from a partnership or an S corporation (attach statement) <u>ATTCH 5</u>		5		
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J)		11		
12	Other income (See instructions; attach schedule)		12		
13	Total. Combine lines 3 through 12		13		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	
31	Unrelated business taxable income. Subtract line 30 from line 29		31	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES & CONTRACT SERVICES 378,319.

PART II - LINE 27 - OTHER DEDUCTIONS 378,319.

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	1,141,876.
UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	842,415.
CARRYOVER NOL	136,312.
	<u> * 10%</u>
CHARITABLE CONTRIBUTION LIMITATION (10%)	29,946.
CHARITABLE CONTRIBUTION	7,059,216.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>29,946.</u>

FORM 990-T: PART III - LINE 36 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

<u>LOSS YEAR ENDING</u>	<u>ORIGINAL LOSS</u>	<u>LOSS AVAILABLE IN CURRENT YEAR</u>	<u>LOSS CLAIMED IN CURRENT YEAR</u>
06/30/2000			
06/30/2001			
06/30/2002			
06/30/2003			
06/30/2004			
06/30/2005			
06/30/2006			
06/30/2007			
06/30/2008			
06/30/2009			
06/30/2010			
06/30/2011			
06/30/2012			
06/30/2013			
06/30/2014			
06/30/2015			
06/30/2016			
06/30/2017			
06/30/2018			

TOTAL:

NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS	
TAXABLE INCOME (LINE 35 ON PAGE 2, 990T))	<u>283,146.</u>

NET OPERATING LOSS DEDUCTION

ATTACHMENT 4SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DAVID VRANICAR 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
DOUG GIROD 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
IRENE BETTINGER 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
JAMES CALVET 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
JAMIE CALDWELL 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR/OFFICER	0	0.
JOHN STANLEY 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
K JAMES KALLAIL 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
PETER SMITH 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
STEFFANI WEBB 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
ROBERT SIMARI 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.

ATTACHMENT 4 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
TIMOTHY SISKEY 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
ABIODUN AKINWUNTAN 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
SALLY MALISKI 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
SUSAN CARLSON 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
STEVEN WEINMAN 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
HOLLY HULL 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
PETER GRIFFITH 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	BOD SECRETARY	0	0.
PAUL TOLER 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	CFO/TREASURER	0	0.
ANGELA COOK 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
DIANNA GODDARD 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.

ATTACHMENT 4 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
AKINLOLU OJO 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
BARBARA POLIVKA 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
WENDY PRESSWOOD 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
MATTHIAS SALATHE 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
RICHARD BAROHN 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
ADRIENNE KORDALSKI 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160	DIRECTOR	0	0.
TOTAL COMPENSATION			<u>0.</u>

INVESTMENTS

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

CRITITECH PHARMACEUTICALS LLC	1,458.
PRIOR YEAR AT-RISK LOSS ALLOWED	-1,458.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	
---	--

UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE
EIN: 48-1108830
6/30/2020

FORM 990-T - CHARITABLE CONTRIBUTIONS CARRYFORWARD

YEAR ENDING	ORIGINAL CONTRIBUTIONS	UTILIZED	REMAINING
6/30/2020	7,042,901	-	7,042,901

CHARITABLE CONTRIBUTIONS CARRYFORWARD AVAILABLE FOR 2020

7,042,901

UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE
FOR THE FISCAL YEAR ENDING JUNE 30, 2020
DETAIL TO LOSS CARRYFORWARD - 990-T

<u>FISCAL YEAR ENDING</u>	<u>LOSS PER RETURN</u>	<u>LOSS APPLIED</u>	<u>TAX YEAR APPLIED</u>	<u>LOSS REMAINING</u>
June 30, 2015	78,005	(41,404)	2016	-
		(36,601)	2018	
June 30, 2016	242,347	(133,035)	2018	
		(109,312)	2019	-
June 30, 2017	-			-
June 30, 2018	27,000	(27,000)	2019	-
June 30, 2019	-			-
June 30, 2020	-			
Carryforward to 6/30/21	<u>347,352</u>	<u>(347,352)</u>		<u>-</u>

At-Risk Limitations

▶ **Attach to your tax return.**
▶ **See separate instructions.**

OMB No. 1545-0712

Attachment
Sequence No. **31**

Name(s) shown on return UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Identifying number
48-1108830

Description of activity (see page 2 of the instructions)

CRITITECH DRUG DEVELOPMENT SERVICES, LLC

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.
See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-8,604.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-8,604.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	NONE
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	NONE
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8. ▶ 10a		NONE
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	NONE

Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17. ▶ 19a		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	NONE
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover.	21	(NONE)

Note: If the loss is from a passive activity, see the Instructions for **Form 8582**, *Passive Activity Loss Limitations*, or the Instructions for **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations*, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form **6198** (11-2009)

At-Risk Limitations

▶ **Attach to your tax return.**
▶ **See separate instructions.**

OMB No. 1545-0712

Attachment
Sequence No. **31**

Name(s) shown on return UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Identifying number
48-1108830

Description of activity (see page 2 of the instructions)

CRITITECH PHARMACEUTICALS, LLC

Part I **Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.**
See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-485.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-485.

Part II **Simplified Computation of Amount At Risk.** See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	NONE
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	NONE
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8. ▶ 10a		NONE
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	NONE

Part III **Detailed Computation of Amount At Risk.** If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	b	<input type="checkbox"/> The end of your prior year
17	Add lines 15 and 16.	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	b	<input type="checkbox"/> The end of your prior year
19a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV **Deductible Loss**

20	Amount at risk. Enter the larger of line 10b or line 19b	20	NONE
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover.	21	(NONE)

Note: If the loss is from a passive activity, see the Instructions for **Form 8582**, *Passive Activity Loss Limitations*, or the Instructions for **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations*, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form **6198** (11-2009)

At-Risk Limitations

▶ **Attach to your tax return.**
▶ **See separate instructions.**

OMB No. 1545-0712

Attachment
Sequence No. **31**

Name(s) shown on return UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Identifying number
48-1108830

Description of activity (see page 2 of the instructions)

CRITITECH COATINGS, LLC

Part I **Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.**
See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-196.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-196.

Part II **Simplified Computation of Amount At Risk.** See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	NONE
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	NONE
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8. ▶ 10a		NONE
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	NONE

Part III **Detailed Computation of Amount At Risk.** If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	b	<input type="checkbox"/> The end of your prior year
17	Add lines 15 and 16.	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	b	<input type="checkbox"/> The end of your prior year
19a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV **Deductible Loss**

20	Amount at risk. Enter the larger of line 10b or line 19b	20	NONE
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover.	21	(NONE)

Note: If the loss is from a passive activity, see the Instructions for **Form 8582**, *Passive Activity Loss Limitations*, or the Instructions for **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations*, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form **6198** (11-2009)

At-Risk Limitations

▶ **Attach to your tax return.**
▶ **See separate instructions.**

OMB No. 1545-0712

Attachment
Sequence No. **31**

Name(s) shown on return UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE

Identifying number
48-1108830

Description of activity (see page 2 of the instructions)

CRITITECH ONCOLOGY, LLC

Part I **Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.**
See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-2,467.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-2,467.

Part II **Simplified Computation of Amount At Risk.** See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	NONE
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	NONE
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8. ▶ 10a		NONE
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	NONE

Part III **Detailed Computation of Amount At Risk.** If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	b	<input type="checkbox"/> The end of your prior year
17	Add lines 15 and 16.	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	b	<input type="checkbox"/> The end of your prior year
19a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV **Deductible Loss**

20	Amount at risk. Enter the larger of line 10b or line 19b	20	NONE
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover.	21	(NONE)

Note: If the loss is from a passive activity, see the Instructions for **Form 8582**, *Passive Activity Loss Limitations*, or the Instructions for **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations*, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form **6198** (11-2009)