

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending	Please use IRS label or print or type. See Specific Instructions.	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 country, and ZIP + 4 KANSAS CITY, KS 66160	D Employer identification number 48-1108830	
	F Name and address of principal officer: GREGORY S KOPF SAME AS C ABOVE		E Telephone number 913-588-5469	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) § (insert no.) 4947(a)(1) or 527		G Gross receipts \$ 101,222,307.	
	J Website: HTTP://WWW2.KUMC.EDU/RESEARCHINSTITUTE/		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: THE UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC ("INSTITUTE") SUPPORTS THE RESEARCH		
	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	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of employees (Part V, line 2a)	5	47
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	470,477.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	88,277.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 300,000.	Current Year 125,000.
	9	Program service revenue (Part VIII, line 2g)	86,012,148.	82,486,445.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,717,942.	706,797.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,904,065.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,030,090.	101,222,307.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	418,764.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,229,447.	51,312,586.
16a		Professional fundraising fees (Part IX, column (A), line 11a)		
b		Total fundraising expenses (Part IX, column (D), line 25)		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	36,032,822.	54,461,998.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	82,681,033.	106,281,071.
19	Revenue less expenses. Subtract line 18 from line 12	5,349,057.	-5,058,764.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 42,028,910.	End of Year 39,504,820.
	21	Total liabilities (Part X, line 26)	27,697,259.	30,140,428.
	22	Net assets or fund balances. Subtract line 21 from line 20	14,331,651.	9,364,392.

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 STEVEN GEIGER, CFO/TREASURER	Date
Type or print name and title	

Paid Preparer's Use Only

Preparer's signature ▶ DENISE E. HINSON	Date 5/10/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ALLEN, GIBBS & HOULIK, L.C. 301 N. MAIN, SUITE 1700 WICHITA, KS 67202-4868		EIN ▶ _____ Phone no. ▶ 316-267-7231	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION 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**

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 X 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 X No**
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **104814305.** including grants of \$) (Revenue \$ **99,920,033.**)
PROMOTING AND AIDING IN THE FULFILLMENT OF SCIENTIFIC RESEARCH, EDUCATIONAL, AND SERVICE FUNCTIONS OF UNIVERSITY OF KANSAS MEDICAL CENTER.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **J \$ 104,814,305.**

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		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		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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	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, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 320		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
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 47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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: J _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? 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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		X
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		

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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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
	1a 23		
b	Enter the number of voting members that are independent		
	1b 11		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
13		X	
14	Does the organization have a written document retention and destruction policy?	X	
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	X	
15a		X	
b	Other officers or key employees of the organization	X	
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?		X
16a			X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed <u> KS </u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► STEVEN GEIGER - 913-588-5469 3901 RAINBOW BLVD, M/S 1039, KANSAS CITY, KS 66160

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

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. Use Schedule J-2 if additional space is needed.

• 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JOHN FERRARO DIRECTOR	1.00	X					0.	167,139.	17,670.	
ROBERT MICHAEL KEEBLE DIRECTOR	1.00	X					0.	143,063.	17,610.	
PETER SMITH DIRECTOR	1.00	X					0.	291,407.	29,464.	
BARBARA ATKINSON DIRECTOR	1.00	X					0.	565,849.	24,342.	
PAUL TERRANOVA PRESIDENT	1.00	X					0.	317,714.	32,088.	
ROY JENSEN DIRECTOR	1.00	X					0.	327,122.	26,011.	
MARJORIE BOTT DIRECTOR	1.00	X					0.	175,529.	17,988.	
KAREN MILLER DIRECTOR	1.00	X					0.	329,725.	24,459.	
H. EDWARD PHILLIPS DIRECTOR	1.00	X					0.	182,456.	15,399.	
GREGORY KOPF EXECUTIVE DIRECTOR	40.00	X					192,443.	10,000.	15,162.	
DAVID GRAINGER DIRECTOR	1.00	X					0.	140,223.	16,507.	
MARY JANE BARNES DIRECTOR	1.00	X					0.	0.	0.	
GEORGE BITTNER CHAIRMAN	1.00	X					0.	0.	0.	
KAREN COX DIRECTOR	1.00	X					0.	0.	0.	
TRACY MCFERRIN FOSTER DIRECTOR	1.00	X					0.	0.	0.	
STEPHEN HARTLEY DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL HELMSTETTER DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LYNN PARMAN DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM TAYLOR DIRECTOR	1.00	X					0.	0.	0.	
STEVEN GEIGER CFO/TREASURER	40.00	X		X			133,054.	0.	17,742.	
EDWARD ELLERBECK DIRECTOR	1.00	X					0.	133,860.	22,746.	
BERNADETTE GRAY-LITTLE CHANCELLOR	1.00	X					0.	142,693.	13,036.	
GARY CLOUD DIRECTOR	1.00	X					0.	0.	0.	
JAMES MICHAEL NICHOLAS DIRECTOR	1.00	X					0.	0.	0.	
KIM BARKSDALE SECRETARY	40.00			X			69,456.	0.	5,932.	
DIANA NASER DIVISION DIRECTOR CLINICAL	40.00					X	138,581.	0.	0.	
RICHARD BAROHN FORMER DIRECTOR	1.00					X	0.	292,218.	25,970.	
1b Total							533,534.	3,508,110.	325,643.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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.

(A) Name and business address	(B) Description of services	(C) Compensation
HURON CONSULTING SERVICES LLC 4795 PAYSHERE CIRCLE, CHICAGO, IL 60674	CONSULTING	495,688.
HMN ARCHITECTS, INC., 7400 W 110TH ST, SUITE 200, OVERLAND PARK, KS 66210	ARCHITECT SERVICES	363,233.
PECKHAM GUYTON ALBERS & VIETS, INC. 1900 W 47TH PLACE, WESTWOOD, KS 66205	DESIGN SERVICES	229,202.
B&D CONSULTING PO BOX 664091, INDIANAPOLIS, IN 46266	CONSULTING	104,851.

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 4

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Form 990 (2009)

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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	125,000.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			125,000.				
Program Service Revenue	2 a RESEARCH GRANTS	Business Code	621500	72655751.	72655751.			
	b PHARMACEUTICAL RESEARC		621500	4,866,506.	4,396,029.	470,477.		
	c RESEARCH RENOVATION GR		621500	4,218,669.	4,218,669.			
	d TECHNOLOGY REVENUE		621500	654,644.	654,644.			
	e OTHER REVENUE		621500	90,875.	90,875.			
	f All other program service revenue							
	g Total. Add lines 2a-2f			82486445.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			706,797.			706,797.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a FACILITIES & ADMIN REI		900099	17904065.	17904065.				
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			17904065.					
12 Total revenue. See instructions.			101222307.	99920033.	470,477.	706,797.		

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Form 990 (2009)

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Form 990 (2009)

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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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	506,487.	506,487.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	41,518,732.	40,571,130.	947,602.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	9,793,854.	9,563,408.	230,446.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	132,033.	132,033.		
12 Advertising and promotion				
13 Office expenses	7,268,003.	7,238,573.	29,430.	
14 Information technology				
15 Royalties	355,576.	355,576.		
16 Occupancy				
17 Travel	1,696,929.	1,668,832.	28,097.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,205.	157,836.	11,369.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a 990T TAX EXPENSE	8,716.		8,716.	
b SERVICES	11,083,453.	11,058,394.	25,059.	
c FEES, DUES, CHARGES	10,874,391.	10,794,294.	80,097.	
d TRANSFERS TO UNIVERSITY	10,668,561.	10,668,561.		
e PROFESSIONAL FEES	6,792,319.	6,725,592.	66,727.	
f All other expenses	5,412,812.	5,373,589.	39,223.	
25 Total functional expenses. Add lines 1 through 24f	106,281,071.	104,814,305.	1,466,766.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	11,491,147.	2	3,726,447.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	9,166,218.	4	10,192,912.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	71,406.	9	90,066.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	736,251.			
	b Less: accumulated depreciation	381,588.	520,504.	10c	354,663.
	11 Investments - publicly traded securities	20,118,742.	11	24,459,390.	
	12 Investments - other securities. See Part IV, line 11	534,416.	12	532,892.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	126,477.	15	148,450.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,028,910.	16	39,504,820.		
Liabilities	17 Accounts payable and accrued expenses	2,778,195.	17	5,550,786.	
	18 Grants payable		18		
	19 Deferred revenue	7,046,389.	19	7,278,713.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	17,872,675.	25	17,310,929.	
	26 Total liabilities. Add lines 17 through 25	27,697,259.	26	30,140,428.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,291,720.	27	-575,089.	
	28 Temporarily restricted net assets	11,039,931.	28	9,939,481.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	14,331,651.	33	9,364,392.		
34 Total liabilities and net assets/fund balances	42,028,910.	34	39,504,820.		

Form 990 (2009)

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Form 990 (2009)

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Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <input type="checkbox"/>		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above? <input type="checkbox"/>		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/>		<input checked="" type="checkbox"/>
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
UNIV OF KS MED CENTER	48-6029925	07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	81740926.
UNIVERSITY OF KANSAS	48-1124839	06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.
Total									81,740,926.

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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						▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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		▶
b 33 1/3% support test - 2008. 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		▶
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ▶

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE	Employer identification number 48-1108830
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use **exclusively** for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use **exclusively** for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not 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
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KANSAS UNIVERSITY ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044	\$ 125,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE	Employer identification number 48-1108830
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Part II Noncash Property (see instructions)

(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
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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.) ▶ \$

(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	
(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	
(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	
(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	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

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" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose(s) of easements, number of states, monitoring policy, and hours/expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Schedule D (Form 990) 2009

48-1108830 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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 organization answered "Yes" to 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 XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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	190,420.		177,699.	12,721.
d Equipment	545,831.		203,889.	341,942.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				354,663.

Schedule D (Form 990) 2009

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Schedule D (Form 990) 2009

48-1108830 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	101,222,307.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	106,281,071.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-5,058,764.
4	Net unrealized gains (losses) on investments	4	91,505.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	91,505.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-4,967,259.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	102,626,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	91,505.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,312,228.
e	Add lines 2a through 2d	2e	1,403,733.
3	Subtract line 2e from line 1	3	101,222,307.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	101,222,307.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	107,343,360.
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 XIV.)	2d	1,481,055.
e	Add lines 2a through 2d	2e	1,481,055.
3	Subtract line 2e from line 1	3	105,862,305.
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 XIV.)	4b	418,766.
c	Add lines 4a and 4b	4c	418,766.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	106,281,071.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII LINE 2D:

INCOME INCLUDED IN AUDITED FINANCIAL STATEMENTS FOR RELATED ENTITY

REQUIRED TO FILE ITS OWN FORM 990 \$178,031.

INCOME INCLUDED IN AUDITED FINANCIAL STATEMENTS FOR RELATED ENTITY

REQUIRED TO FILE ITS OWN FORM 990 \$1,552,961.

INCOME INCLUDED ON FORM 990 AS GRANT TO RELATED ENTITY (\$418,764).

PART XIII LINE 2D:

EXPENSES INCLUDED IN AUDITED FINANCIAL STATEMENTS FOR RELATED ENTITY

**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.

OMB No. 1545-0047

2009

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance
KU CENTER FOR TECHNOLOGY COMMERCIALIZATION, INC. - 3901 RAINBOW BLVD, MAIL STOP 1039 - KANSAS CITY, KS 66160	26-2838693		418,764.	0.			SUPPORT
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH PROPERTIES, INC. - 3901 RAINBOW BLVD, MAIL STOP 1039 - KANSAS CITY, KS 66160	48-1172394		87,723.	0.			SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ **2.**

3 Enter total number of other organizations ▶

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

48-1108830

Schedule I (Form 990) 2009

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel		
	Travel for companions		
	Tax indemnification and gross-up payments		
	Discretionary spending account		
	Housing allowance or residence for personal use		
	Payments for business use of personal residence		
	Health or social club dues or initiation fees		
	Personal services (e.g., 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	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
	Compensation committee		
	Independent compensation consultant		
	<input checked="" type="checkbox"/> Form 990 of other organizations		
	Written employment contract		
	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in 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?	4a	<input checked="" type="checkbox"/>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
	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) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	<input checked="" type="checkbox"/>
b	Any related organization?	5b	<input checked="" type="checkbox"/>
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in 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?	6a	<input checked="" type="checkbox"/>
b	Any related organization?	6b	<input checked="" type="checkbox"/>
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

48-1108830

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	0.	0.	0.	0.	0.	0.
JOHN FERRARO	(ii)	134,399.	32,740.	14,153.	3,517.	184,809.	0.
	(i)	0.	0.	0.	0.	0.	0.
ROBERT MICHAEL KEEBLE	(ii)	133,723.	9,340.	12,396.	5,214.	160,673.	0.
	(i)	0.	0.	0.	0.	0.	0.
PETER SMITH	(ii)	259,925.	31,482.	25,040.	4,424.	320,871.	0.
	(i)	0.	0.	0.	0.	0.	0.
BARBARA ATKINSON	(ii)	530,889.	34,960.	20,825.	3,517.	590,191.	0.
	(i)	0.	0.	0.	0.	0.	0.
PAUL TERRANOVA	(ii)	296,911.	20,803.	26,943.	5,145.	349,802.	0.
	(i)	0.	0.	0.	0.	0.	0.
ROY JENSEN	(ii)	312,415.	14,707.	20,825.	5,186.	353,133.	0.
	(i)	0.	0.	0.	0.	0.	0.
MARJORIE BOTT	(ii)	164,555.	10,974.	14,450.	3,538.	193,517.	0.
	(i)	0.	0.	0.	0.	0.	0.
KAREN MILLER	(ii)	312,789.	16,936.	20,825.	3,634.	354,184.	0.
	(i)	0.	0.	0.	0.	0.	0.
H. EDWARD PHILLIPS	(ii)	148,736.	33,720.	15,399.	0.	197,855.	0.
	(i)	192,443.	0.	0.	15,162.	207,605.	0.
GREGORY KOPF	(ii)	0.	10,000.	0.	0.	10,000.	0.
	(i)	0.	0.	0.	0.	0.	0.
DAVID GRAINGER	(ii)	109,721.	30,502.	12,418.	4,089.	156,730.	0.
	(i)	133,054.	0.	0.	17,742.	150,796.	0.
STEVEN GEIGER	(ii)	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.
EDWARD ELLERBECK	(ii)	98,802.	35,058.	18,966.	3,780.	156,606.	0.
	(i)	0.	0.	0.	0.	0.	0.
BERNADETTE GRAY-LITTLE	(ii)	87,244.	55,449.	11,810.	1,226.	155,729.	0.
	(i)	0.	0.	0.	0.	0.	0.
RICHARD BAROHN	(ii)	257,467.	34,751.	20,825.	5,145.	318,188.	0.
	(i)	0.	0.	0.	0.	0.	0.
JOAN HUNT	(ii)	240,630.	48,482.	0.	3,517.	292,629.	0.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE** Employer identification number
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAY REARDON	FORMER BOARD MEMBER	0	MR REARDON		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**ACTIVITIES OF THE UNIVERSITY OF KANSAS MEDICAL CENTER ("MEDICAL
CENTER") BY ADMINISTERING AND SERVING AS THE RECIPIENT OF GRANTS FOR
SPONSORED SCIENTIFIC RESEARCH PROJECTS. THE INSTITUTE ADMINISTERS
PHARMACEUTICAL RESEARCH IN THE PUBLIC INTEREST. THE TESTING IS
PERFORMED ON MEDICAL CENTER PATIENTS WITH DISEASES OR ILLNESSES WHICH
THE PHARMACEUTICALS SEEKS TO CURE OR CONTROL. ALL RESEARCH IS DONE IN
THE FURTHERANCE OF HEALTHCARE AT THE MEDICAL CENTER.**

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**INVESTIGATORS WHO SERVE AS FACULTY AT THE UNIVERSITY OF KANSAS MEDICAL
CENTER.**

**FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS EMAILED TO BE REVIEWED
AND DISCUSSED BY THE AUDIT COMMITTEE. A COPY IS EMAILED TO THE FULL BOARD
OF DIRECTORS.**

**FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSURE IS MADE ANNUALLY AT THE
FIRST BOARD MEETING OF THE YEAR. THE BOARD SECRETARY REVIEWS DISCLOSURES
FOR POTENTIAL CONFLICTS. THE SECRETARY WOULD DISCUSS ANY POTENTIAL
CONFLICTS WITH THE EXECUTIVE DIRECTOR AND BOARD CHAIR.**

**FORM 990, PART VI, SECTION B, LINE 15: HR DIRECTOR MAINTAINS AND UPDATES
SALARY RANGES USING SURVEYS, INDUSTRY PUBLICATIONS AND OTHER SOURCES.
BOARD APPROVES PAY OF EXECUTIVE DIRECTOR, CFO, AND HR DIRECTOR IN EXECUTIVE
SESSION.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST, AVAILABLE ON WEBSITE & ANOTHER'S WEBSITE. 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.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JAY REARDON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 0.

(D) DESCRIPTION OF TRANSACTION: MR REARDON IS VICE PRESIDENT OF COMMERCE BANK OF KANSAS CITY. MR REARDON SERVED ON THE BOARD FROM 2001 TO 2007. COMMERCE BANK IS THE PRIMARY BANK FOR THE ORGANIZATION. THE BANKING RELATIONSHIP PREDATES MR. REARDON'S TERM ON THE BOARD. NONE OF THE RELATIONSHIP MANAGERS ON THE ACCOUNTS REPORT TO MR. REARDON.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Employer identification number
48-1108830

RESTATE BEGINNING BALANCE SHEET

**THE BEGINNING BALANCE SHEET WAS RESTATED IN ORDER TO AGREE WITH THE
GAAP BALANCE SHEET. LINE 11 FOR INVESTMENTS HAS INCREASED BY \$320,448
AND LINE 27 FOR UNRESTRICTED NET ASSETS HAS INCREASED BY \$320,448.**

SCHEDULE R
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions.

2009
 Open to Public
 Inspection

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH PROPERTIES - 48-1172394, 3901 RAINBOW BLVD, KANSAS CITY, KS 66160	TITLE HOLDING COMPANY OF RESEARCH FACILITIES	KANSAS	501(C)2	N/A	
KU CENTER FOR TECHNOLOGY COMMERCIALIZATION	FACILITATES & SUPPORTS RESEARCH & TECHNOLOGY				
INC - 26-2838693, 3901 RAINBOW BLVD, KANSAS CITY, KS 66160	TRANSFER OPERATIONS OF KU	KANSAS	501(C)3	11A	N/A
UNIVERSITY OF KANSAS MEDICAL CENTER - 48-6029925, 3901 RAINBOW BLVD, KANSAS CITY, KS 66160	MEDICAL CENTER				
UNIVERSITY OF KANSAS CENTER FOR RESEARCH - 48-0680117, 2385 IRVING HILL RD, LAWRENCE, KS 66045	FACILITATES & SUPPORTS RESEARCH ADMINISTRATION FOR KU	KANSAS	GOVERNMENT	N/A	
			501(C)3	05	N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2009

**UNIVERSITY OF KANSAS MEDICAL CENTER
RESEARCH INSTITUTE**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		
r Other transfer of cash or property from other 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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH PROPERTIES	B	87,723.
(2)	KU CENTER FOR TECHNOLOGY COMMERCIALIZATION, INC	B	418,765.
(3)			
(4)			
(5)			
(6)			

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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
UNIVERSITY OF KANSAS - 48-1124839					
1450 JAYHAWK BLVD					
LAWRENCE, KS 66045	EDUCATION	KANSAS	GOVERNMENT		N/A
KU HEALTH PARTNERS - 48-1149398					
3901 RAINBOW BLVD					
KANSAS CITY, KS 66160	MANAGED CARE CONTRACTS	KANSAS	501(C)3	05	N/A