Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

B Check if applicable: Address change Name change Initial return Interpretated Application pending G Accounting Method: Website: WWW.JP2MRI.ORG C Name of organization JOHN PAUL II STEM CELL RESEARCH 20-5239366 E Telephone number 20-5239366 E Telephone number 402 319-688-7367 F Group Exemption Number Number H Check WWW.JP2MRI.ORG J Tax-exempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)	on is not
Name change INSTITUTE Initial return Initial return Terminated Telephone number Terminated Toly or town, state or province, country, and ZIP or foreign postal code Towa CITY, IA 52245 Toward Method:	
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number	
Terminated S40 E. JEFFERSON ST. 402 319-688-7367 X Amended return City or town, state or province, country, and ZIP or foreign postal code IOWA CITY, IA 52245 G Accounting Method: X Cash Accrual Other (specify) ► H Check If the organizat required to attach Schedule B J Tax-exempt status (check only one) X 501(c)(3) 501(c) () ◄(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PE	
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J Tax-exempt status (check only one) _ X 501(c)(3) _ 501(c) () ◀(insert no.) _ 4947(a)(1) or _ 527 (Form 990, 990-EZ, or 990-PF	
TON DIGITIES (CHOCK CITY) STOY	672.
K Form of organization: X Corporation Trust Other	672.
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,	<u>672.</u>
column (P) below) and \$500,000 or more file Form 900 instead of Form 990-F7	
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I	X
1 Contributions, gifts, grants, and similar amounts received 1 172,	647.
outside distributions, grants, grants, and an analysis of the state of	
2 Flogram Solvice revenue moleculary government toos and contracts	
CEE CCHEDITE O	25.
4 Investment income S.B.B. OCTABLO HELD 4	***************************************
Va aloos amount nom out of above only many	
B E000, 000t of other basis and onto superiors	
C dail of (1055) from sale of assets other than meeticsy (2005; account to 50 months)	
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than	
\$15,000) b Gross income from fundraising events (not including \$	
b Gross income from fundraising events (not including \$ of contributions	
from fundraising events reported on line 1) (attach Schedule G if the sum of such	
gross income and contributions exceeds \$15,000)	
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a Gross sales of inventory, less returns and allowances 7a	
b Less: cost of goods sold	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe in Schedule O)	
J Total revenue. And miles 1, 2, 0, 1, 00, 00, 10, und 0	672.
10 Grants and similar amounts paid (list in Schedule 0) 10	<u> </u>
	699.
do Diluin at a company and apple so a bound of the second	116.
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing publications postage and shipping	379.
14 Occupancy, rent, utilities, and maintenance	
16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 12,	749.
17 Total expenses. Add lines 10 through 16	749. 943.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 17,	729.
19 Net assets or fund balances at beginning of year (from line 27, column (A))	***************************************
(must agree with end-of-year figure reported on prior year's return)	100.
(must agree wan and or year against operated on prior year of early)	0.
20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 28,	829.
LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-E	

332171 11-25-13

	Balance Sheets (see the instructions for Part II)							
Рa	TILL Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to response	and to any dues	stion in t	this Part II			X	
	Check if the organization used Schedule O to response	Jila to arry gade	(A) Be	ginning of year		(B) End	d of year	
		ŀ		16,527.	22		34,085.	
22	Cash, savings, and investments				23			
23	Land and buildings				24			
24	Other assets (describe in Schedule 0)	.,.,		16,527.	25	·····	34,085.	
25	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O			5,427.	26		5,256.	
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11,100.	27		28,829.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	La (a a tha in at a	. Lotiono	for Part III)	121	Eve	enses	
Pε	Net assets or fund balances (line 27 of column (8) individue with interest program Service Accomplishment	ts (see the man	uctions	thic Dort III	$\overline{\mathbf{x}}$	(Required for	or section	
	Check if the organization used Schedule O to resp	ond to any que	stion in	IIIS FAILIII L		501(c)(3) a	nd 501(c)(4)	
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE O					organization 4947(a)(1)	ns and section trusts; optional	
_	state and a second in the seco	ervices, as measured by e	xpenses. In a	a clear and concise		for others.)		
manr	per describe the services provided, the number of persons benefited, and other relevant informa-	HOTT TO GROTE PLOBUSINES WITE						
28	INCREASE THE AWARENESS, GALVANIZE AN	ID ENCOURA	GE Pr	OPITED		ĺ		
	CHRISTIANS TO CONTRIBUTE TO ADVANCE	PRO-LIFE	STEM	СБПП				
	RESEARCH.				—₁	00.	59,702.	
	(Grants \$) If this amount includes foreign gr	ants, check here		<u> </u>		28a	39,1021	
29	DEVELOP A COLLABORATIVE BASIC AND CI	LINICAL RE	SEARC	<u>IH</u>				
	PROGRAM.							
					ı		95,241.	
	(Grants \$) If this amount includes foreign g	rants, check here	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>		29a	90,241.	
30	TOTAL TOTAL							
-								
	(Grants \$) If this amount includes foreign g	rants, check here				30a		
31	Other program services (describe in Schedule O)	*************	. ,					
٠.	(Grants \$) If this amount includes foreign g	rants, check here		>		31a	151 012	
00	A				🗠		15 4 ,943.	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)								
P	Liet of Officers, Directors, Trustees, and Ney	Inployees (list ead	ch one even i	i not compensated - a	ee the	instructions fo	or Part IV)	
P	Liet of Officers, Directors, Trustees, and Ney	Inployees (list ead	ch one even i	this Part IV				
9 <u>2</u>	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response	ond to any que (b) Average hou	estion in	this Part IV	(d) He	aith benefits,	(e) Estimated	
P	Check if the organization used Schedule O to resp	oond to any que (b) Average hou per week devoted	estion in estion in ers	this Part IV (c) Reportable ompensation (Forms W-2/1099-MISC)	(d) He contraction of the contra	aith benefits, ibutions to oyee benefit and deferred	(e) Estimated amount of other	
92	Liet of Officers, Directors, Trustees, and Ney	ond to any que (b) Average hou	estion in estion in ers	this Part IV (C) Reportable ompensation (Forms	(d) He contraction of the contra	aith benefits,	(e) Estimated	
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J2	Check if the organization used Schedule O to responsible (a) Name and title (AY KAMATH	oond to any que (b) Average hou per week devoted	estion in estion in ers	this Part IV (c) Reportable ompensation (Forms W-2/1099-MISC)	(d) He contraction of the contra	aith benefits, ibutions to oyee benefit and deferred	(e) Estimated amount of other	
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INSTITUTE

Form	990-EZ (2013) INSTITUTE ZU-5239.			age 3
	Other Information (Note the Schedule A and personal benefit contract statement requirements	III IIII Dort 1	ਤ ./	X
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	CCI C	v	
			Yes	NO
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			77
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			**
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule U (see instructions)	34		<u>X</u>
25.5	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 62, and 7a, among others 1?	35a		X
h	If "Yor" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	Α
r	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Ves " complete Schedule C. Part III	35c		X
26	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
36	complete applicable parts of Schedule N	36		X
07.	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		W. C.	
3/ č	Did the organization file Form 1120-POL for this year?	37b		X
0	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
зва	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	22. Vije	24 17	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A			
a.	Gross receipts, included on line 9, for public use of club facilities N/A			
b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 a	A			
	Section 4911 U ; section 4912 U ; section 4912 V ; section 4958 excess benefit transaction during the Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
b	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any or to prior year.	40b		X
	If "Yes," complete Schedule L, Part I	alas de la	5000	
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 0.			
	or disqualified persons during the year under sections 4912, 4500, and 4500		57460	
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		16-105	
	organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	4.4	102	
e	transaction? If "Yes," complete Form 8886-T	40e		X
	NONE			
41	Telephone no. ► 19AAC DOTICE TELEPHONE Telephone no. ► 319-00	8-7	367	/
428	Located at > 103 DENBIGH DR., IOWA CITY, IA	224	6	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No.
	account)?	425	<u> </u>	X
	Have a anter the name of the foreign country	82.3	S.E.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	X
U	If "Von " enter the name of the foreign country."			·
43	Section 4947(a)(1) popeyempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here		🌬	٠ ــــا
40	and enter the amount of tax-exempt interest received or accrued during the tax year	N/Z	7	
	and once the amount of the order printers.			
		1 100 100 100	Ye	s No
44 =	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	2000 C		
	Form 990-F7	44a	<u> </u>	X
ŀ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	874	a jayta	
	of Form 990-F7	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	440		X
	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	440		
15	P. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
ARI	a. Did the organization receive any nayment from or engage in any transaction with a controlled entity within the meaning of section	7000 7000		\$ BEE
., .	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<u> </u> 45t		7.455.55
		Form	990-E	Z (2013

111 000 CD (m							F-20	Yes	No
Did the ord	anization engage, directly or indirectly, in p	olitical campaign activiti	es on behalf of or in o	pposition to ca	ndidates for pu	iblic office?			X
If "Yes," co	mplete Schedule C, Part I						. 46		
5.4 V/I C	Section 501(c)(3) organization	is only							
Δ	III section 501(c)(3) organizations must	t answer questions 47	7-49b and 52, and 0	complete the	tables for line	es 50 and 5	. •		
C	Check if the organization used Schedu	le O to respond to an	y question in this P	art VI			4141417777	Yes	N
			the section of displacement	the tay year? If	"Vac " complet	e Sch. C. Part	11 47	1.00	X
Did the org	ganization engage in lobbying activities or h	ave a section 501(h) ele	ction in effect during i	uie iax year r ii	165, complete	O OOM O, WA	48	1	X
Is the orga	inization a school as described in section 1	/U(b)(1)(A)(II)7 IT "Yes,	Complete Stilleume L	**************		***************************************	49a		X
Did the org	ganization make any transfers to an exempt	non-charitable related o	ii yanization i	***************	. ,	,,	496	,	T
If "Yes," wa	as the related organization a section 527 or this table for the organization's five highest	companyated employee	s (other than officers.	directors, trus	tees and key e	mployees) wh	io each r	eceived	mor
Complete	,000 of compensation from the organization	n. If there is none, enter	"None."	,					
man \$ 100	(a) Name and title of each employe		(b) Average ho	ours (C) Reportable	(d) Health be contribution		(e) Estin	
	(a) Hallis and also of sacre and the		per week devot	ed to com	pensation (Forms -2/1099-MISC)	employee be	nefit di	mount of compens	
	NC	NE	position			compensat	ion	·	
						<u> </u>			
			_						
						<u> </u>			
			_						
						<u> </u>			
			_						
			_			***************************************			
	nber of other independent contractors each	receiving over \$100 00	0	·····	>				
	Latin a americate Cohodule AO Mete Al	Leaction 501(c)(3) orga	nizations and 4947(a)	(1) nonexempt	·				
Did the C	e trusts must attach a completed Schedule of perjudy i declare that i have examined this return	Α	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,.,,,		► X	Yes	noie
der penalties	of perjury, I declare that I have examined this return eparer (other than officer) is based on all information	, including accompanying so to of which preparer has any h	medules and statements, knowledge.	and to the best o	г ту кломгеоде а	and Deliel, it is it		.,	
Colaration of pro-	Short of Carron state of the Carron of the C					Date			
ign	Signature of officer					- =:::			
ere	DIRECTOR	·····			· · · · · · · · · · · · · · · · · · ·				
]	Type or print name and title	D	LEO.	Date	Check	I IF TPT	īN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Print/Type preparer's name	Preparer's signatu	i e	Date	self- emp)			
aid							0000	5944	4
reparer	BRUCE GUITHER	RTSOCK & GU	TTTHER PLC		Firm's E		329	6997	
lse Only	Firm's name CARLSON HA	TOP OU CO	PE 1		Phone	~~~~	354	-300	0
,	Prim's address > 2/10 N DO	, IA 52245	ملب لبيك ع						
	1 TOWA CITE	shove2 Sep instructions					► X	Yes	
lay the IRS o	liscuss this return with the preparer shown	annae. Oce managang					Foi	rm 990 -l	EZ (

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number JOHN PAUL II STEM CELL RESEARCH

OMB No. 1545-0047

Open to Public Inspection

		INSTITU	ľE							1-5239300
Part I	Reason fo	or Public Chari	ty Status (All organiza	tions must	complete	this part.)	See instr	uctions.		
he organi	zation is not a	orivate foundation b	ecause it is: (For lines 1	through 1	1, check o	niy one bo	x.)			
1	A church, con	vention of churches	, or association of church	hes descri	bed in sec	tion 170(t	o)(1)(A)(i).			
2	A school desc	ribed in section 170	O(b)(1)(A)(ii). (Attach Sch	edule E.)						
	A to a subbat assess	ananarativa barnit	al convice organization de	escribed in	section 1	170(b)(1)(<i>A</i>	\)(iii).			
4	A medical rese	earch organization o	perated in conjunction w	vith a hosp	ital descri	bed in sec	tion 170(i	b)(1)(A)(iii).	. Enter ti	he hospital's name,
•	city and state									
5 🔲	An organization	n operated for the t	penefit of a college or uni	iversity ow	ned or ope	erated by	a governm	nental unit	describe	ed in
	section 170(l)(1)(A)(iv). (Comple	te Part II.)							
6 🗀	A federal stat	e or local dovernme	ent or governmental unit	described	in section	170(b)(1)	(A)(v).			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 X	An organization	n that normally rece	eives a substantial part o	of its suppo	ort from a g	governmer	ntai unit or	r from the g	general į	oublic described in
	section 170(b)(1)(A)(vi). (Complet	te Part II.)							
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete I	Part II.)				4	- d munna ranainta franz
9 🔲	An organization	on that normally rec	eives: (1) more than 33 1	/3% of its	support fro	om contrik	outions, m	embership	iees, ai	tram gross receipts from
	activities relat	ed to its exempt fur	nctions - subject to certai	in exceptic	ons, and (2) no more	than 33 1	/3% Of its s	support	ntoni gioss investment
	income and u	nrelated business to	axable income (less secti	ion 511 tax	k) from bus	sinesses a	cquirea by	y tne organ	nzation (atter Julie 30, 1970.
	See section 5	109(a)(2). (Complete	Part III.)		<i>(.</i> 1 0		E00/a)//	1		
10 🖳	An organization	on organized and of	perated exclusively to tes	t for public	c satety. 5	ee secuoi	n 509(a)(4	h or to carry	out the	nurnoses of one or
11 📖	An organization	on organized and op	perated exclusively for the	e benefit c	n, to perio	m #00(a)(0)	V See sec	tion 509/a	1(3). Chi	ack the box that
	more publicly	supported organiza	ations described in section	on 509(a)(1) Of Section	11 508(a)(2 11 b). Oee sec	11011 000(0	Non on	201, 1111 14 211
	Land		organization and comple	pe III - Fur	re timougn actionally i	ntegrated	đ	Type	III - Nor	n-functionally integrated
	a Type I	T لــــــا d معافد عناس ا	/pe II	controlled	directly or	indirectly				
e L	By checking t	his box, i certify the	han one or more publicly	controlle cumnnte	d organiza	tions desc	ribed in s	ection 509	(a)(1) or	section 509(a)(2).
	foundation m	anagers and other t	nan one or more publicly ten determination from t	he IRS tha	atitis a Tv	ne I. Type	II, or Type	: 111	. ,, ,	
ſ										
	supporting or	ganization, check th	organization accepted an	v aift or co	ontribution	from any	of the follo	owing pers	ons?	
g	Since August	who directly or ind	lirectly controls, either al	one or toa	ether with	persons d	escribed i	n (ii) and (ii	i) below	, Yes No
	(i) A persor	rming body of the s	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?			*****	,			11g(ii)
	(ii) A 35% c	controlled entity of a	person described in (i) o	or (ii) above	∍?	,		.,		11g(iii)
h	Provide the fo	ollowing information	about the supported org	ganization	(s).					
14	1 TOVIGO GIO II	Sho wang amountain	.,							
	e of supported ganization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support					
			(see instructions))	Yes	No	Yes	No	Yes	No	
				<u> </u>			<u> </u>			
				-						
							!			
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							Section 1			
· ·										
Total	5	dusting Ant Notice	e see the Instructions (for				Schedul	e A (Fo	rm 990 or 990-EZ) 201

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 INSTITUTE

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II (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.)

Sec	tion A. Public Support						
	idar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and		i				
	membership fees received. (Do not				444400	100 610	40E 207
	include any "unusual grants.")	41,881.	42,070.	34,501.	114,198.	172,647.	405,297.
2	Tax revenues levied for the organ-		ļ				
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				7.7.4.7.00	170 (17	405,297.
4	Total. Add lines 1 through 3	41,881.	42,070.	34,501.	114,198.	172,647.	403,237.
5	The portion of total contributions						
	by each person (other than a				0.0000000000000000000000000000000000000		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				STATE CHARGE BY A P.		
	amount shown on line 11,						183,056.
	column (f)						222,241.
	Public support. Subtract line 5 from line 4.						222,241.
	ction B. Total Support				T () 0010	(-) 0012	(f) Total
	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010 42,070.	(c) 2011 34,501.	(d) 2012 114,198.	(e) 2013 172,647.	405,297.
7	Amounts from line 4	41,881.	42,070.	34,301.	114,100	1/2/02/1	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.7	53.	20.	29.	25.	214.
	and income from similar sources	87.	33.	20.	***		
9	Net income from unrelated business						
	activities, whether or not the	L COMPANY			1		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			Construction of the Constr			405,511.
	Total support. Add lines 7 through 10			(2007 (100) 1-2-2-2-3 (100) (100) (100)		12	· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities First five years. If the Form 990 is for	, etc. (see instruct	ions)	rd fourth or fifth t	rax vear as a section		
13			s arst, second, um	id, ioditii, or mart			▶ □
2	organization, check this box and stoction C. Computation of Pub	ic Support Pe	ercentage				
36	Public support percentage for 2013	(line 6 column (f)	divided by line 11.	column (f))		14	54.81 %
4.5	Dublic current percentage from 201	2 Schedule A. Par	t II. line 14			15	62.94 %
10	33 1/3% support test - 2013. If the	organization did n	ot check the box of	n line 13, and line	14 is 33 1/3% or	more, check this b	oox and
	eten here. The organization qualifies	as a publicly sup	ported organizatio:	n			
1	33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check	this box
	and stan have. The organization dus	difies as a publicly	supported organiz	zation			
17	10% -facts-and-circumstances te	st - 2013, if the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	o or more,
	and if the organization meets the "fa	cts-and-circumsta	nces" test, check t	this box and stop	nere. Explain in F	ate to flow the orga	
	mosts the "facts and circumstances	" test. The organiz	ation qualifies as a	a publicly supporte	ed organization		
	h 10% -facts-and-circumstances te	st - 2012. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, o	17a, and line 151	S 10% Of
	more and if the organization meets:	the "facts-and-circ	umstances" test, o	check this box and	d stop here. Expla	in in Part IV now u	ie —
	organization meets the "facts-and-ci	rcumstances" test	. The organization	qualifies as a pub	niciy supported or	ganization	
18	Private foundation. If the organizati	ion did not check a	a box on line 13, 16	6a, 16b, 17a, or 1	7b, check this box	and see instruction)ns
y minim					Sch	nedule A (Form 99	00 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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 or if the organization failed to qua	ilify 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				Avvocation of the second		
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge					7 7	
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			and the second s			
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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		Ì				
(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.)					4	
<u></u>						
14 First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	 on 501(c)(3) organi	zation,
14 First five years. If the Form 990 is for check this box and stop here			ird, fourth, or fifth	tax year as a secti	 on 501(c)(3) organi	zation,
check this box and stop here Section C. Computation of Publi	ic Support Pe	ercentage				
Section C. Computation of Publi	ic Support Pe	ercentage			15	9
Section C. Computation of Publi 15 Public support percentage for 2013 (li	ic Support Po	ercentage divided by line 13,	column (f))		15	9
Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012	ic Support Poine 8, column (f) Schedule A, Par	ercentage divided by line 13, rt III, line 15	column (f))		15	(
Check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Invest	ic Support Poine 8, column (f) Schedule A, Par Stment Incon	ercentage divided by line 13, rt III, line 15 ne Percentage	column (f))		15 16	9
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Invest 17 Investment income percentage for 20	ic Support Poine 8, column (f) Schedule A, Parstment Incon 13 (line 10c, colu	ercentage divided by line 13, rt III, line 15 ne Percentage umn (f) divided by	column (f)) e line 13, column (f))	15 16 17 18	9
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Invest 17 Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the	ic Support Poine 8, column (f) Schedule A, Parstment Incon 13 (line 10c, colu	ercentage divided by line 13, rt Ill, line 15 ne Percentage umn (f) divided by A, Part III, line 17 not check the box	column (f)) B line 13, column (f) c on line 14, and li)ne 15 is more than	15 16 17 18 33 1/3%, and line	9 9 9
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Inves 17 Investment income percentage from 2 18 Investment income percentage from 2 19 a 33 1/3% support tests - 2013. If the	ic Support Pe ine 8, column (f) Schedule A, Par stment Incon 13 (line 10c, colu 2012 Schedule A organization did and stop here. Th	ercentage divided by line 13, rt III, line 15 ne Percentage umn (f) divided by a, Part III, line 17 not check the boome organization qu	column (f)) 9 line 13, column (f) x on line 14, and li alifies as a publicl) ne 15 is more than y supported organi	15 16 17 18 33 1/3%, and line zation	17 is not
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Inves 17 Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box and b 33 1/3% support tests - 2012. If the	ic Support Perine 8, column (f) Schedule A, Parestment Incon 13 (line 10c, column 12 Schedule A organization did and stop here. The organization did	ercentage divided by line 13, rt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 not check the book ne organization que inot check a book	column (f)) line 13, column (f) x on line 14, and li alifies as a publich on line 14 or line 1) ne 15 is more than y supported organi 9a, and line 16 is m	15 16 17 18 33 1/3%, and line zation	17 is not
Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Inves 17 Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2012. If the	ic Support Poine 8, column (f) Schedule A, Parestment Incom 13 (line 10c, column (d) 2012 Schedule A organization did and stop here. The organization did and this box and	ercentage divided by line 13, rt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 not check the box ne organization qu inot check a box of stop here. The organization	column (f)) line 13, column (f) c on line 14, and li alifies as a publich on line 14 or line 1 ganization qualifie	ne 15 is more than y supported organi 9a, and line 16 is m s as a publicly sup	15 16 17 18 33 1/3%, and line zation here than 33 1/3%, ported organization	17 is not and
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Inves 17 Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the	ic Support Poine 8, column (f) Schedule A, Parestment Incom 13 (line 10c, column (d) 2012 Schedule A organization did and stop here. The organization did and this box and	ercentage divided by line 13, rt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 not check the box ne organization qu inot check a box of stop here. The organization	column (f)) line 13, column (f) c on line 14, and li alifies as a publich on line 14 or line 1 ganization qualifie	ne 15 is more than y supported organi 9a, and line 16 is m s as a publicly sup this box and see i	15 16 17 18 33 1/3%, and line zation here than 33 1/3%, ported organization	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

JOHN PAUL II STEM CELL RESEARCH

Schedule A	(Form 990 or 990-FZ) 2013 INSTITUTE	20-5239366 Page 4
Part IV	(Form 990 or 990-EZ) 2013 INSTITUTE Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b: and Part III, line 12.
I CII CI F	Supplemental information. Provide the explanations required by fact it, and regime to a	,, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2
	Also complete this part for any additional information. (See instructions).	

-		
BANKS		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. JOHN PAUL II STEM CELL RESEARCH INSTITUTE

Employer identification number 20-5239366

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: AMOUNT: DESCRIPTION OF PROPERTY: 25. INTEREST INCOME FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 2,206. MARKETING 2,172. RESEARCH AND DEVELOPMENT 900. TRAVEL 870. OFFICE EXPENSES 6,601. PAYROLL TAX 12,749. TOTAL TO FORM 990-EZ, LINE 16 PART I, LINE 12 AMOUNT: COMPENSATION BY FUNCTIONAL CATEGORY: 86,469. RESEARCH 20,897. ADMINISTRATION 11,750. EDUCATION 119,116. TOTAL TO PART I, LINE 12: PART I, LINE 17 AMOUNT: TOTAL EXPENSES BY FUNCTIONAL CATEGORY: 26,561. ADMINISTRATION 95,241. RESEARCH 20,283. FUNDRAISING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/fr Internal Revenue Service JOHN PAUL II STEM CELL RESEARCH Employer identification number Name of the organization 20-5239366 INSTITUTE 11,750. EDUCATION 1,108. MISCELLANEOUS 154,943. TOTAL TO LINE 17: FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: END OF YEAR BEG. OF YEAR DESCRIPTION 4,178. 5,427. PAYROLL LIABILITIES 0. 1,078. CREDIT CARDS PAYABLE 5,427. 5,256. TOTAL TO FORM 990-EZ, LINE 26 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO EDUCATE SCIENTISTS AND THE NEXT GENERATION OF SCIENTISTS IN PRO-LIFE BIOETHICS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. AMENDED RETURN: AMENDING RETURN TO MAKE CORRECTION TO PART III EXPENSE AMOUNTS, AND TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

OF EXPENSES INTO FUNCTIONAL CATEGORIES.

Schedule O (Form 990 or 990-EZ) (2013)

INCLUDE FOOTNOTES PROVIDING ADDITIONAL INFORMATION REGARDING BREAKDOWN

JOHN PAUL II STEM CELL RESEARCH INSTITUTE

Employer identification number 20-5239366

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)								
(a) Name and title	(b) Average hours per week devoted to position	(0) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	[C] Health benefits, [(e) Estimated amount of other compensation				
CHRISTIAN FONG DIRECTOR	1.00	0.	0.	0.				
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