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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Kansas City University of Medicine and Biosciences

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1750 Independence Avenue

City or town, state or country, and ZIP + 4
Kansas City, MO 64106

D Employer identification number
44-0545280

E Telephone number
(816) 283-2000

G Gross receipts $ 67,806,978

F Name and address of Principal Officer
HOWARD D WEAVER DO
1750 INDEPENDENCE AVENUE
KANSAS CITY, MO 64106

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW KCUMB EDU

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1916

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO EDUCATE AND TRAIN DOCTORS OF OSTEOPATHIC MEDICINE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	488
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,162,874	1,328,284
9	Program service revenue (Part VIII, line 2g)	40,778,933	43,891,528
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,821,448	-3,988,509
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	501,502	1,096,848
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,264,757	42,328,151
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,535,484	2,087,960
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,413,835	22,824,985
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 3,533,386)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,239,480	14,885,633
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	39,188,799	39,798,578
19	Revenue less expenses Subtract line 18 from line 12	6,075,958	2,529,573

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	133,678,095	127,964,977
21	Total liabilities (Part X, line 26)	19,306,172	18,737,597
22	Net assets or fund balances Subtract line 21 from line 20	114,371,923	109,227,380

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

Please Sign Here

****** | 2010-05-15
Signature of officer | Date

HOWARD D WEAVER DO CHAIRMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP
120 West 12th Street Suite 1200
Kansas City, MO 641051936

EIN ▶

Phone no ▶ (816) 221-6300

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 $ 27,376,733 including grants of $ 1,613,739) (Revenue $ 44,119,183)

The University educates Doctors of Osteopathic Medicine Our four year integrated curriculum emphasizes both the basic sciences and clinical skills The academic programs offered are taught by highly qualified faculty 98% of faculty has D O , M D or Ph D degrees The University awards approximately 250 D O degrees each year

4b (Code) (Expenses $ 558,539 including grants of $ 0) (Revenue $ 859,070)

The University's Graduate school offers Master's level degrees in Biomedical Sciences and BioEthics The Biomedical Sciences program includes both a one year degree program and a two-year degree program (research track) KCUMB is the only university in the region to offer a graduate -level degree in BioEthics Approximately 60 graduate degrees are awarded each year

4c (Code) (Expenses $ 474,221 including grants of $ 474,221) (Revenue $ 0)

The University has a strong commitment to community service and social responsibility Of particular interest are activities that promote education and health improvement in targeted populations At the center of the University's community service programs is Score 1 for Health Score 1 for Health provides health care screenings and health care referrals to more than 12,000 urban core elementary children KCUMB students, faculty and staff provide in excess of 10,000 hours of community service each year

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 28,409,493 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	5		
6	Did the organization maintain any donor advised funds or any 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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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*	15		No
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*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
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*	25a	Yes	
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b	Yes	
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
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**		No
36	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**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

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	289		
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		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	488		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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		Yes	
b	If "Yes," enter the name of the foreign country VI , CJ 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
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			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 _____

18 Section 6104 requires an organization to make its Form 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

☐ own website ☐ another's website ☑ 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LINDA FALK
1750 INDEPENDENCE AVENUE
KANSAS CITY, MO 64106
(816) 283-2000

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 Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* 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 officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								3,923,231	0	482,403

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 33

		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*		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	Yes	
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*		No

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
BARRY SEWARD	CONSULTING	119,722
BRYAN CAVE LLP	LEGAL	270,553
RODRIGUEZ ASSOCIATES	CONSTRUCTION	109,776

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 3

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 544,131				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 784,153				
	g	Noncash contributions included in lines 1a-1f $ 44,340				
	h	**Total (Add lines 1a-1f)** ▶	1,328,284			
Program Service Revenue		Business Code				
	2a	PATIENT REVENUE 621,110	1,551,030	1,551,030		
	b	STUDENT FEES & REV 611,600	42,272,291	42,272,291		
	c	STUDENT LOAN INTEREST 611,600	68,207	68,207		
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 43,891,528				
	3	Investment income (including dividends, interest other similar amounts) ▶	1,933,167			1,933,167
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 10,123				
	b	Less rental expenses				
	c	Rental income or (loss) 10,123				
	d	Net rental income or (loss) ▶	10,123			10,123
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 19,538,476 / 18,675				
	b	Less cost or other basis and sales expenses 25,476,483 / 2,344				
	c	Gain or (loss) -5,938,007 / 16,331				
	d	Net gain or (loss) ▶	-5,921,676			-5,921,676
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	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				
	11a	CAFETERIA & VENDING 611,710	86,526	86,526		
	b	MISC SCHOOL INCOME 611,710	742,235	742,235		
	c	DRUG STUDY 900,099	257,964	257,964		
	d	All other revenue _____				
	e	**Total. Add lines 11a-11d** ▶ $ 1,086,725				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	42,328,151	44,978,253	0	-3,978,386

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	1,219,725	1,219,725		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	868,235	868,235		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,121,259	1,197,034	1,629,101	295,124
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	146,525	69,108	0	77,417
7 Other salaries and wages	14,919,920	11,821,399	0	1,095,874
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,310,389	1,010,522	208,389	91,478
9 Other employee benefits	2,170,190	1,493,374	504,686	172,130
10 Payroll taxes	1,156,702	889,746	181,077	85,879
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,282,151	0	1,282,151	0
c Accounting	93,601	69,265	18,720	5,616
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	1,795,672	1,284,669	335,616	175,387
12 Advertising and promotion	656,724	449,993	54,548	152,183
13 Office expenses	1,258,577	725,744	130,916	401,917
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,369,624	1,071,967	228,382	69,275
17 Travel	720,666	360,526	118,145	241,995
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	0			
20 Interest	156,841	0	156,841	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,062,877	1,781,171	216,697	65,009
23 Insurance	661,629	484,749	171,615	5,265
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 EDUCATION	1,985,826	1,951,009	30,774	4,043
b PUBLIC RELATIONS	171,229	78,792	643	91,794
c DUES & SUBSCRIPTIONS	859,537	542,897	294,682	21,958
d STUDENT FUNCTIONS	889,253	428,798	68,618	391,837
e MISCELLANEOUS	921,426	610,770	221,451	89,205
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	39,798,578	28,409,493	7,855,699	3,533,386
26 **Joint Costs.** Check ☐ 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				

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	31,837,371	2	28,460,913
	3	Pledges and grants receivable, net	1,039,635	3	1,064,928
	4	Accounts receivable, net	168,959	4	224,092
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *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	44,513	8	47,219
	9	Prepaid expenses and deferred charges	840,872	9	999,974
	10a	Land, buildings, and equipment cost basis — 10a: 59,100,918			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 21,178,789	36,923,177	10c	37,922,129
	11	Investments—publicly traded securities	41,590,284	11	43,969,459
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	14,498,305	12	11,544,405
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	2,566,744	13	2,230,245
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	4,168,235	15	1,501,613
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	133,678,095	16	127,964,977
Liabilities	17	Accounts payable and accrued expenses	4,576,135	17	5,750,970
	18	Grants payable		18	
	19	Deferred revenue	3,613,935	19	2,062,950
	20	Tax-exempt bond liabilities	7,445,411	20	7,255,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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		24	
	25	Other liabilities *Complete Part X of Schedule D*	3,670,691	25	3,668,677
	26	**Total liabilities.** *Add lines 17 through 25*	19,306,172	26	18,737,597
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	105,883,997	27	100,739,454
	28	Temporarily restricted net assets	4,007,980	28	4,007,980
	29	Permanently restricted net assets	4,479,946	29	4,479,946
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	114,371,923	33	109,227,380
	34	Total liabilities and net assets/fund balances	133,678,095	34	127,964,977

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 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?		2c		
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?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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).** (Attach Schedule H)

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 331/3% 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 331/3% 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).** (See instructions)

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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(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**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 - 2007.** 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Kansas City University of Medicine and Biosciences	44-0545280

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		254,863
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			254,863
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if the 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 why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	5,646,082				
b Contributions	2,047,660				
c Investment earnings or losses	-847,752				
d Grants or scholarships					
e Other expenditures for facilities and programs	138,226				
f Administrative expenses					
g End of year balance	6,707,764				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 28 %
- b Permanent endowment ▶ 72 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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) Depreciation	(d) Book value
1a Land	55,187	2,126,417		2,181,604
b Buildings		43,678,057	12,414,740	31,263,317
c Leasehold improvements				
d Equipment		9,145,990	7,302,237	1,843,753
e Other		4,095,267	1,461,812	2,633,455
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				37,922,129

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other HEDGE FUNDS	11,544,405	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	11,544,405	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
STUDENT LOAN RECEIVABLE	2,230,245	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
BOND ISSUE COSTS	218,963
CRAT	290,656
CSV LIFE INSURANCE	991,994
INTERCOMPANY RECEIVABLE	0
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
REFUNDABLE GOVT LOAN PROGRAMS	3,450,858
CRAT PAYABLE	217,819
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,668,677

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
ENDOWNMENT FUNDS	SCHEDULE D, PART V, LINE 4	The endowment fund is used primarily for student scholarships and student loans While Schedule D, Part V, Line 1d shows that nothing was distributed out of the endowment fund during the Organization's fiscal year for scholarships and loans, this is because the Organization funded those amounts out of its operating budget to preserve the corpus of the endowment fund and allow it to grow for future use As disclosed on Schedule I, Part III, the Organization funded 114 scholarships in the aggregate amount of $868,235 out of its operating revenue

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain THE FOLLOWING LANGUAGE IS USED IN OUR UNIVERSITY CATALOG, ADMISSION MATERIAL, AND ON THE ADMISSIONS WEBSITE KCUMB is committed to providing an academic and employment environment in which students and employees are treated with courtesy, respect and dignity It is the policy of the University that no student shall, because of gender, race, color, creed, handicap or national origin, be excluded from participation in, be denied the benefit of or be subjected to discrimination in any program sponsored by the University Inquiries regarding compliance must be directed to the Executive Vice President for Institutional Development, and Executive Dean, Graduate Studies, who is the coordinator of the Universitys non-discrimination program	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either 6a or b, please explain using an attached statement			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean				SEE PART IV	
Totals . . . . . ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation
ACTIVITES PER REGION	SCHEDULE F, PART I, LINE 3	(A) CENTRAL AMERICA/CARIBBEAN (B) N/A (C) N/A (D) PASSIVE INVESTMENTS (E) N/A (F) N/A NOTHING IS DISCLOSED UNDER COLUMNS B, C, E, & F BECAUSE THE INSTRUCTIONS ONLY REQUIRE REPORTING FOR COLUMNS A & D THE PASSIVE INVESTMENT ACTIVITY REFERRED TO ABOVE IS THE HEDGE FUND INVESTMENT THAT IS DISCLOSED ON FORM 990, PART IV, LINE 4B, STATEMENT 2, AND SCHEDULE D, PART VII

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 44-0545280
Name: Kansas City University of Medicine and Biosciences

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

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" on 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 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
SCORE 1 FOR HEALTH1750 INDEPENDENCE AVE KC,MO 64106	20-3773804	501(C)(3)	474,221				
ART COUNCIL1055 BROADWAY KC,MO 64105	43-1840674	501(C)(3)	12,944				
BENEDICTINE COLLEGE 1020 2ND ST ATCHINSON,KS 66002	48-0777079	501(C)(3)	25,000				
CENTRAL EXCHANGE1020 CENTRAL ST KC,MO 64105	43-1211570	501(C)(7)	12,500				
GREATER KC CHAMBER OF COMMERCE911 MAIN ST KC,MO 64105	44-0196840	501(C)(6)	40,000				
JUNIOR ACHIEVEMENT 4049 PENNSYLVANIA STE 150 KC,MO 64111	44-0604809	501(C)(3)	15,000				
KANSAS CITY AREA DEV COUNCIL911 MAIN ST KC,MO 64105	43-1852671	501(C)(6)	35,000				
KAUFFMAN CENTER FOR PERFORMING ARTS906 GRAND BLVD 11TH FL KC,MO 64106	43-1866550	501(C)(3)	10,000				
LYRIC OPERA1029 CENTRAL KC,MO 64105	44-0626124	501(C)(3)	50,000				
STARLIGHT THEATER4600 STARLIGHT RD KC,MO 64132	44-0552079	501(C)(3)	82,500				
UNITED WAY1080 WASHINGTON KC,MO 64105	44-0545812	501(C)(3)	391,139				

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 8

3 Enter total number of other organizations . . . ▶ 3

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use 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
SCHOLARSHIPS	114	868,235			

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

See Additional Data Table

Identifier	Return Reference	Explanation
MONITORING OF GRANTS	SCHEDULE I, PART I, LINE 2	Grants given to other organizations are to further education, healthcare and economic development in the areas surrounding the Organization All grants are given to organizations with boards consisting of civic, philanthropic and business leaders who monitor the use of grants and ensure they're used for proper purposes Scholarships to students are applied directly towards the students accounts to offset tuition costs to ensure that scholarships are used only for student educational purposes

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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 ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) 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 compensation				
SANDRA K WILLSIE	(i)	188,115	0	35,698	7,143	2,195	233,151	0
	(ii)	0					0	
RICHARD K HOFFINE	(i)	284,787	194,483	99,156	43,000	23,987	645,413	0
	(ii)	0					0	
DOUGLAS C DALZELL	(i)	255,501	165,828	28,290	41,011	18,605	509,235	0
	(ii)	0					0	
MARY PAT WOHLFORD WESSELS	(i)	199,426	0	16,068	35,388	19,112	269,994	0
	(ii)	0					0	
DARIN L HAUG DO	(i)	154,193	0	80,027	20,000	15,095	269,315	0
	(ii)	0					0	
VERGIL J GUILLORY	(i)	186,723	0	36,000	22,534	19,821	265,078	0
	(ii)	0					0	
G MICHAEL JOHNSTON	(i)	193,068	0	23,324	21,733	22,114	260,239	0
	(ii)	0					0	
JOSEPH M YASSO JR	(i)	175,420	0	30,137	20,703	22,291	248,551	0
	(ii)	0					0	
KEVIN D TREFFER	(i)	169,180	0	15,848	18,832	24,286	228,146	0
	(ii)	0					0	
GUATAM J DESAI	(i)	167,626	0	15,821	18,707	10,005	212,159	0
	(ii)	0					0	
KAREN L PLETZ	(i)	685,492	412,286	110,734	43,000	12,841	1,264,353	0
	(ii)	0					0	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
EXPENSE REIMBURSEMENT	SCHEDULE J, PART I, LINE 1	Karen L Pletz received first-class travel, travel for companions, and health or social club dues First class travel is not required to be included on the W-2 Companion travel was included on her W-2 for prior years but not for the current year The health or social club dues were included as taxable compensation on her W-2 Douglas C Dalzell, Richard K Hoffine, Sandra K Willsie, and Darin L Haug, D O received health or social club dues which were included as taxable compensation on their W-2's
SUBSTANTIATION OF EXPENSES	SCHEDULE J, PART I, LINE 2	The Organization does require substantiation before expenses were reimbursed but as set forth in Schedule L certain expenses of the CEO were reimbursed because the reports were falsified
CEO COMPENSATION	SCHEDULE J, PART I, LINE 3	As discussed in Schedule L and in Part VI, Line 15, the Organization did follow the rebuttable presumption and certain other procedures in setting the CEO's compensation, including the items checked on Line 3, but the Organization has since learned that the comparability data in the compensation consultant's report may have been based, in part, on misrepresentations made by the CEO to the compensation consultant
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	KAREN L PLETZ $76,766 RICHARD K HOFFINE $71,231 DOUGLAS C DALZELL $20,000 MARY PAT WOHLFORD WESSELS $20,000 DARIN L HAUG DO $20,000

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 44-0545280

Name: Kansas City University of Medicine and Biosciences

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
SANDRA K WILLSIE	(I) (II)	188,115 0	0	35,698	7,143	2,195	233,151 0	0
RICHARD K HOFFINE	(I) (II)	284,787 0	194,483	99,156	43,000	23,987	645,413 0	0
DOUGLAS C DALZELL	(I) (II)	255,501 0	165,828	28,290	41,011	18,605	509,235 0	0
MARY PAT WOHLFORD WESSELS	(I) (II)	199,426 0	0	16,068	35,388	19,112	269,994 0	0
DARIN L HAUG DO	(I) (II)	154,193 0	0	80,027	20,000	15,095	269,315 0	0
VERGIL J GUILLORY	(I) (II)	186,723 0	0	36,000	22,534	19,821	265,078 0	0
G MICHAEL JOHNSTON	(I) (II)	193,068 0	0	23,324	21,733	22,114	260,239 0	0
JOSEPH M YASSO JR	(I) (II)	175,420 0	0	30,137	20,703	22,291	248,551 0	0
KEVIN D TREFFER	(I) (II)	169,180 0	0	15,848	18,832	24,286	228,146 0	0
GUATAM J DESAI	(I) (II)	167,626 0	0	15,821	18,707	10,005	212,159 0	0
KAREN L PLETZ	(I) (II)	685,492 0	412,286	110,734	43,000	12,841	1,264,353 0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that 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	(c) Corrected? No
KAREN L PLETZ	SEE SCHEDULE O		No
RICHARD K HOFFINE	SEE SCHEDULE 0		No
DOUGLAS C DALZELL	SEE SCHEDULE O		No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $ 0

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $ 0

Part II Loans to and/or From Interested Persons

To be completed by organizations that 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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	(e) No
SEE SCHEDULE O					No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	2	3,340	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe VIDEO EQUIPMENT)	X	1	41,000	FMV
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement*	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
GIFT ACCEPTANCE POLICY	SCHEDULE M, PART I, LINE 31	While not adopted before the end of the fiscal year being reported on this return, the Organization's Board is in the process of adopting a gift acceptance policy that requires the review of any non-standard contributions
THIRD PARTY SALE OF NON-CASH CONTRIBUTIONS	SCHEDULE M, PART I, LINE 32A	The Organization uses a third-party broker to sell publicly-traded securities that are donated to the Organization

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990, PART IV, LINE 12 & PART XI, LINE 2B & C	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBLITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
FAMILY OR BUSINESS RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	KAREN L PLETZ AND TERRENCE P DUNN HAVE A BUSINESS RELATIONSHIP THEY BOTH SERVE AS DIRECTORS FOR KANSAS CITY SOUTHERN, A PUBLICLY TRADED COMPANY KAREN L PLETZ AND DOUGLAS C DALZELL HAD A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
MATERIAL DIVERSION OF ORGANIZATIONS ASSETS	FORM 990, PART VI, SECTION A, LINE 5	As reported in Schedule L, the Organization believes that there has been a material diversion of the Organization's assets by the CEO, Karen Pletz Although the diversion was not discovered until after the end of the fiscal year, the Organization is treating the excess benefit transactions reported in Schedule L as a material diversion As disclosed on Schedule L, the Organization has filed a law suit against the CEO to recover the diverted assets

Identifier	Return Reference	Explanation
DOCUMENTATION OF MEETINGS	FORM 990, PART VI, SECTION A, LINE 8	The organization contemporaneously documented meetings of the governing board and committees but certain minutes were fabricated as described in Schedule L

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 10	IT IS THE POLICY OF THE UNIVERSITY TO HAVE ITS AUDIT COMMITTEE CONDUCT A REVIEW OF THE FORM 990 DURING ITS PREPARATION BY AN OUTSIDE ACCOUNTANT WITH THE ASSISTANCE OF THE UNIVERSITY'S GENERAL COUNSEL, OFFICERS AND STAFF THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL THE MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE IRS FOR THE TAX YEAR BEING REPORTED, THE 990 WAS REVIEWED BY BOTH THE AUDIT COMMITTEE AND THE BOARD BEFORE IT WAS FILED WITH THE IRS AND A FINAL COPY WAS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING GOING FORWARD, IN ACCORDANCE WITH ITS FORM 990 REVIEW FUNCTION, THE AUDIT COMMITTEE WILL HAVE THE FOLLOWING AUTHORITY AND RESPONSIBILITY - RETAIN, AND IF NECESSARY DISMISS, THE FORM 990 PREPARER - CONDUCT A REVIEW OF THE FORM 990 AND CONSULT DIRECTLY WITH THE FORM 990 PREPARER AND LEGAL COUNSEL RELATIVE TO ANY ISSUES PRESENTED ON THE RETURN - REVIEW THE DESCRIPTION OF THE UNIVERSITY'S PURPOSES AND ACTIVITIES REPORTED ON THE FORM 990 TO ENSURE ACCURACY AND COMPLIANCE WITH THE REQUIREMENTS FOR AN IRC SECTION 501(C)(3) PUBLIC CHARITY - APPROVE AND ENSURE THAT AN ANNUAL DISCLOSURE STATEMENT IS DISTRIBUTED TO THE UNIVERSITY'S OFFICERS, DIRECTORS AND KEY EMPLOYEES TO ACQUIRE INFORMATION ON THEIR RESPECTIVE FAMILY AND BUSINESS RELATIONSHIPS, TRANSACTIONS WITH THE UNIVERSITY, COMPENSATION FROM ENTITIES THAT ARE RELATED TO THE UNIVERSITY, POTENTIAL CONFLICTS OF INTEREST, AND OTHER INFORMATION NEEDED TO ANSWER VARIOUS FORM 990 QUESTIONS AND COMPLY WITH THE UNIVERSITY'S CONFLICT-OF-INTEREST POLICY

Identifier	Return Reference	Explanation
MONITORING OF CONFLICT OF INTERSEST POLICY	FORM 990, PART VI, SECTION A, LINE 12C	The Organization sends out a questionnaire to directors and officers on an annual basis to identify potential conflicts Going forward, The Audit Committee will be charged with the responsibility to ensure that the questionnaires are distributed, reviewed and monitored The Audit Committee will also ensure that the conflicts of interest policy is complied with The policy covers all directors and officers The Audit Committee will review all disclosed transactions and questionnaires to determine if an actual conflict exists Directors and officers with conflicts of interest are required to disclose all material facts with respect to the conflict transaction and are prohibited from voting on the transaction Only disinterested directors can approve a conflicted transaction

Identifier	Return Reference	Explanation
WHISTLEBLOWER POLICY	FORM 990, PART VI, SECTION A, LINE 13	Since June 23, 2008, the Organization has posted on its intranet (employee internal website) a whistleblower policy In fact, certain whistleblowers referred to in Schedule L did come forward in 2009 which helped prompt the special investigation referred to in Schedule L In February 2010, the board adopted an enhanced policy

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION A, LINE 15A & 15B	The Organization complied with the rebuttable presumption because (1) there was an independent committee review of compensation, (2) comparability data from an independent compensation consultant was obtained and reviewed by the committee, and (3) the compensation decisions were contemporaneously documented in committee minutes However, the Organization has subsequently come to believe that the comparability data may not have been based on comparable organizations due to misrepresentations from the CEO to the compensation consultant Further, while an independent committee reviewed compensation, the CEO paid herself additional compensation, stipends and expense reimbursements without the knowledge or approval of the board or committee All of this is more fully described in Schedule L

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	Kansas City University of Medicine and Biosciences makes its governing documents and conflict of interest policy available upon request, and soon will be posting these documents and certain others on its website Portions of the financial statements contain confidential information which is not disclosed, but the information from the statements regarding income, expense, and assets and liabilities is reflected in Parts VIII, IX and X of this Form 990

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS	SCHEDULE L, PART I, LINE 1	A Karen L Pletz B Transactions 1 False Expense Reports (a) Known On October 20, 2009, serious allegations of misconduct by the Organization's President and CEO, Karen Pletz ("CEO"), were brought to the attention of the Organization's Board of Trustees ("Board"), including that the CEO was providing false information to the Internal Revenue Service ("IRS") That same day, the Board appointed a Special Committee to conduct an investigation into the allegations and the Board hired independent legal counsel, which had no prior professional ties to the CEO and her management team and was knowledgeable about the special responsibilities of nonprofit institutions, to represent the Organization and assist the Special Committee with its investigation The Special Committee's investigation, which is continuing, revealed that the CEO defrauded the Organization over a period of several years and used the Organization's assets for her personal benefit and to detriment of the Organization To keep its initial investigation confidential, the Special Committee's investigation initially focused on a very limited sampling of the CEO's expense reports and questioned only a small group of witnesses who were listed on the expense reports and who agreed to keep the investigation confidential From this limited group of witnesses and expense reports, the Special Committee discovered that approximately 70% of the CEO's meals and other entertainment expenses from this limited sampling that were paid or reimbursed by the University, and which the CEO had informed the IRS as being appropriate business and entertainment expenses, were fraudulent because many of the people that the CEO listed on her expense reports did not attend the meal or entertainment event or there was no business purpose for the meal or entertainment event The investigation has continued beyond that initial limited sampling, and the amount of fraudulent expenses identified as of May 1, 2010 are as follows FYE AMOUNT 6/30/09 $49,264 31 6/30/08 41,333 56 6/30/07 28,480 09 6/30/06 10,716 70 6/30/05 8,951 23 6/30/04 3,459 42 TOTAL $142,205 31 In each case, the Organization paid for or reimbursed the CEO for expenses based on representations by the CEO on her expense reports that the expenses furthered the Organization's exempt activities The Special Committee's investigation revealed that a majority of the information submitted by the CEO to justify these charges was materially false The Special Committee determined that these expenses, whether paid by the Organization or reimbursed to the CEO, were for personal travel, entertainment and meals, and in connection with that, the CEO submitted false documents to justify the expenses and/or obtain reimbursement from the Organization under false pretenses The total amounts of fraudulent expense reimbursements are being disclosed as excess benefit transactions (b) Additional Investigation Due to the discovery of false expense reports in the sampling investigated by the Special Committee, the investigation has expanded to other expense reports To the extent additional false expense reports are found, they will be disclosed as additional excess benefit transactions on a future Form 990 or through an amendment to this Form 990 3 Compensation In addition to the false expense reports, the CEO also received unauthorized and excessive compensation (a) Unauthorized Stipends The Special Committee has identified unauthorized compensation paid to the CEO totaling $780,000 for the following years FYE AMOUNT 6/30/09 $195,000 6/30/08 195,000 6/30/07 195,000 6/30/06 195,000 Total 780,000 The unauthorized compensation payments for fiscal years ending 6/30/06-6/30/09 are being disclosed as excess benefit transactions The CEO allowed minutes of meetings of the Organization's Executive Committee that never occurred to be prepared and placed in the minute books These fraudulent minutes purport to approve additional lump sum stipend payments to the CEO, over and above her regular compensation The CEO took the stipends knowing that this additional compensation was never disclosed to nor approved by the Board The Organization continues to investigate years prior to FYE 6/30/06 It is possible that the stipends paid in those years also were not authorized The stipends paid were as follows FYE AMOUNT 6/30/05 $ 195,000 6/30/04 193,000 6/30/03 132,000 6/30/02 174,000 (b) Excessive Compensation Due to Comparison with Potentially Non-Comparable Organizations The Organization followed the "rebuttable presumption of reasonableness" in setting compensation for its CEO As part of the process, the independent Compensation Committee of the Board received an annual report from an independent compensation consultant setting forth proposed salary ranges for the CEO The salary ranges were presented to the board and committees as proper comparable compensation numbers paid by similar organizations for similar positions At least some of these reports were provided to the Organization's then legal counsel, a national law firm, who on at least one occasion signed off on the compensation consultant report The Special Committee subsequently discovered that the CEO made misrepresentations to the compensation consultant regarding her actual duties and the real operations of the Organization as compared to a person in similar positions at similar institutions While the investigation is ongoing, the Organization believes that these CEO misrepresentations may have contributed to the compensation consultant's use of inflated comparable compensation numbers in establishing the CEO compensation ranges and in rendering its determination that the CEO's compensation was reasonable The result is that the Organization likely paid excessive compensation to the CEO In addition, the consultant did not include the unauthorized stipends discussed above in the compensation analysis The Organization has hired a separate and independent compensation consultant to determine the proper level of compensation To the extent the Organization determines that excess compensation was paid, the excess amount will be disclosed on a future Form 990 or through an amendment to this Form 990

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS CONTINUED	SCHEDULE L, PART I, LINE 1	(c) Inflated Incentive Plan Bonuses From 2000 through 2009, the CEO and other executives were eligible to receive bonuses under a performance-based incentive compensation plan In 2006 and 2007, the CEO manipulated and falsified performance results in order to increase her incentive compensation under the plan The special investigation is still ongoing, and when the Special Committee determines the amount of any excess compensation, it will be disclosed on a future Form 990 or through an amendment to this Form 990 (d) Charitable Contributions While the special investigation is still ongoing, it has been discovered that the CEO directed hundreds of thousand of dollars of Organization assets be donated, often in her personal name or to pay her personal pledges, to other nonprofit corporations In 2005 and 2006, the CEO made personal donations of approximately $45,000 to Benedictine College, ostensibly in connection with her status as a member of the Board of Directors of that institution The CEO had the Organization reimburse her for those personal donations to Benedictine College without the knowledge and consent of the Organization's Board of Trustees In 2003 and 2004, the Organization reimbursed the CEO for $35,000 of contributions to Benedictine College These reimbursements were made without the knowledge and consent of the Organization's Board of Trustees The CEO did not direct the Organization to include the amounts personally reimbursed to her for her personal contributions and commitments to Benedictine College or that were directly paid to Benedictine College on her behalf to be included in her personal income for these years The CEO joined the United Way's Tocqueville Society, a fundraising arm of the United Way Membership in the Tocqueville Society is limited to individual donors In 2005-2009, the CEO made personal commitments and pledges in the amounts of $30,000 (2005), $40,000 (2006), $50,000 (2007), $75,000 (2008) and $75,800 (2009) The CEO then directed the Organization, without the knowledge of the Organization's Board of Trustees, to pay her personal pledges to the Tocqueville Society, which totaled over $270,800 over the five year period The CEO did not direct the Organization to include the amounts paid to the United Way by the Organization for her personal pledges and commitments to the Tocqueville Society in her personal income for these years The amounts of these charitable contributions (which total $350,800) that were reimbursed to the CEO, or paid on her behalf to fulfill her personal pledges, are being disclosed as excess benefit transactions The special investigation is ongoing, and to the extent that additional charitable contributions are discovered that constitute excess benefit transactions, they will be disclosed on future Form 990 or through an amendment to this Form 990 4 Organization Managers (a) False Expense Reports The CEO's own misconduct and lack of supervision encouraged Douglas Dalzell ("Executive Dean") and Richard Hoffine ("CFO"), both of whom were "organization managers" of the Organization, to disregard their own duties of good faith, due care, honesty, obedience to the mission and loyalty to the Organization and its Board The CEO's misconduct and her encouraging of misconduct by the Executive Dean and CFO caused a situation in which, while the Executive Dean and the CFO were aware of these expenditures, they did nothing to bring these issues to the attention of the Board The investigation is still ongoing, and to the extent the Organization determines that the CFO and Executive Dean "knowingly participated" in this excess benefit transaction, it will be disclosed on a future Form 990 or through an amendment to this Form 990 No other "organization manager" (other than the CEO) knowingly participated in the expense reimbursements knowing they were excess benefit transactions During the periods in question, neither the Board nor any committee reviewed individual expense reports, nor is such board or committee review common or customary Further, even if they did review the reports, they would not have been able to discover that the information reported on the expense reports was fraudulent (b) Unauthorized Stipends The Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in establishing the unauthorized stipends knowing it was an excess benefit transaction The Board and committees were not aware of nor did they authorize the unauthorized stipends The CEO obtained the unauthorized stipends through fraudulent minutes of meetings that never occurred The CEO took the stipends knowing that this additional compensation was never disclosed to nor approved by the Board (c) Excessive Compensation The Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in establishing the potentially excessive compensation The Board and its committees relied on reports from an independent compensation consultant that the Board and the committees believed to contain accurate information Unbeknownst to the Board and its committees, the CEO misrepresented her actual duties and the real operations of the Organization as compared to a person in similar positions at similar institutions in order to justify inflated comparables in the consultant reports and her inflated salaries that resulted from the consultant reports (d) Inflated Incentive Plan Bonuses The Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in the inflated incentive bonuses knowing it was an excess benefit transaction The Board and committees were not aware that the CEO had manipulated and falsified performance results in order to increase her incentive compensation under the plan (e) Charitable Contributions The Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in reimbursing the CEO for charitable contributions she made or paying on her behalf personal charitable pledges she had made These payments and reimbursements were made without the knowledge or consent of the Board 5 Correction The CEO has not corrected any of the reported excess benefit transactions The Organization, based on authorization from the board of directors, has filed a lawsuit against the CEO for restitution for these amounts plus other damages suffered by the Organization due to CEO's mismanagement of the Organization and breach of fiduciary duties The lawsuit, Kansas City University of Medicine and Biosciences v Karen L Pletz was filed in the Circuit Court of Jackson County Missouri on March 22, 2010 Total Known* Excess Benefits for CEO Expense Reports $142,205 31 Unauthorized Stipends 780,000 00 Excessive Compensation unknown Inflated Incentive Bonuses unknown Charitable Contributions 350,800 00 Total 1,273,005 31 *The "known" amounts are as of May 1, 2010 The investigation is ongoing and any of these amounts may increase based on the results of the additional investigation To the extent additional known excess benefits are discovered through additional investigation, they will be disclosed on a future Form 990 or through an amendment to this Form 990

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS CONTINUED	SCHEDULE L, PART I, LINE 1	A Richard K Hoffine & Douglas C Dalzell B Transactions 1 Excessive Compensation Due to Comparison with Potentially Non-Comparable Organizations The Organization followed the "rebuttable presumption of reasonableness" in setting compensation for its CEO It also followed the rebuttable presumption of reasonableness for Richard Hoffine ("CFO") and Douglas Dalzell ("Executive Dean") As part of the process, the independent Compensation Committee of the Board received an annual report from an independent compensation consultant setting forth proposed salary ranges for the CFO and Executive Dean The salary ranges were presented to the board and committees as proper comparable compensation numbers paid by similar organizations for similar positions At least some of these reports were provided to the Organization's then legal counsel, a national law firm, who on at least one occasion signed off on the compensation consultant report The Special Committee subsequently discovered that the CEO made misrepresentations to the compensation consultant regarding the real operations of the Organization and what types of other organizations were comparable organizations While the investigation is ongoing, the Organization believes that these CEO misrepresentations may have contributed to the compensation consultant's use of inflated comparable compensation numbers in establishing the CFO and Executive Dean compensation ranges and in rendering its determination that the compensation paid to the CFO and Executive Dean was reasonable The result is that the Organization likely paid excessive compensation to the CFO and Executive Dean The Organization has hired a separate and independent compensation consultant to determine the proper level of compensation To the extent the Organization determines that excess compensation was paid, the excess amount will be disclosed on a future Form 990 or through an amendment to this Form 990 2 Inflated Incentive Plan Bonuses From 2000 through 2009, the CFO and Executive Dean were eligible to receive bonuses under a performance-based incentive compensation plan In 2006 and 2007, the CEO manipulated and falsified performance results in order to increase her incentive compensation under the plan, with the result that the incentive compensation of the CFO and Executive Dean under the plan were also increased The special investigation is still ongoing, and when the Special Committee determines the amount of any excess compensation, it will be disclosed on a future Form 990 or through an amendment to this Form 990 3 Use of Organization Property, Supplies and Time to Run For-Profit Businesses The CEO allowed and fostered an atmosphere in the executive offices of "anything goes," which included employees using Organization property, staff, supplies and time to run personal for-profit businesses out of the Organization when they should have been engaged in Organization business For example, the Executive Dean operated several family-owned restaurants out of the Organization using the Organization's internal auditor to keep the restaurant books on the Organization's computers The investigation is ongoing, and to the extent the Special Committee determines any excess benefit transaction resulted, it will be disclosed on a future Form 990 or through an amendment to this Form 990 4 Organization Managers (a) Excessive Compensation The Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in establishing the potentially excessive compensation The Board and its committees relied on reports from an independent compensation consultant that the Board and the committees believed to contain accurate information Unbeknownst to the Board and its committees, the CEO misrepresented the real operations of the Organization and what types of other organizations were comparable organizations in order to justify inflated comparables in the compensation reports and the inflated salaries that resulted from it (b) Inflated Incentive Plan Bonuses The Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in the inflated incentive bonuses knowing it was an excess benefit transaction The Board and committees were not aware that the CEO had manipulated and falsified performance results in order to increase the CFO's and Executive Dean's incentive compensation under the plan (c) Use of Organization Property, Time and Supplies to Run For-Profit Businesses The Organization is not aware of any "organization manager" (other than the CEO, CFO and Executive Dean) that knowingly participated in this activity The Board and its committees were not aware of nor did they approve such activities 5 Correction The Special Committee has not yet determined the extent or amount, if any, of any excess benefit to the CFO and Executive Dean and neither individual has yet attempted to correct any such amount

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV	(A) CASEY PLETZ (B) CASEY PLETZ IS THE DAUGHTER OF KAREN PLETZ WHO IS A DIRECTOR AND OFFICER OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES (C) $72,000 (D) CASEY PLETZ IS AN EMPLOYEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES (E) NO (A) MARGARITA DALZELL (B) MARGARTIA DALZELL IS THE DAUGHTER IN LAW OF DOUG DALZELL WHO IS AN OFFICER OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES (C) $48,000 (E) MARGARITA DALZELL IS AN EMPLOYEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES (E) NO (A) PARRIS COMMUNICATIONS, INC (B) ROSHANN S PARRIS IS A TRUSTEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES AND AN OFFICER, DIRECTOR, AND OWNER OF PARRIS COMMUNICATIONS, INC (C) $132,122 (D) PARRIS COMMUNICATIONS, INC PROVIDES PUBLIC RELATION SERVICES TO KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES (E) NO

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Kansas City University of Medicine and Biosciences

Employer identification number
44-0545280

Part I Identification of Disregarded Entities

(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

(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
INDEPENDENCE AVENUE DEV CO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO64106 43-1848034	REAL ESTATE	MO	501(C)(3)	11A	NA
HEALTH POLICY INSTITUTE 1750 INDEPENDENCE AVENUE KANSAS CITY, MO64106 20-1138771	HEALTHCARE	MO	501(C)(4)	N/A	NA
DERON CHERRY CELEBRITY INVITATIONAL GOL 1750 INDEPENDENT AVENUE KANSAS CITY, MO64106 43-1683174	FUNDRAISING	MO	501(C)(3)	11A	NA
SCORE 1 FOR HEALTH 1750 INDEPENDENCE AVENUE KANSAS CITY, MO64106 20-3773804	HEALTHCARE	MO	501(C)(3)	7	NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
MEN'S HEALTHLINK INC 1750 INDEPENDENCE AVENUE KANSAS CITY, MO64106 20-3070848	HEALTHCARE	MO	NA	C CORP	843	4,479	100 %

Part V Transactions with Related Organizations

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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)	HEALTH POLICY INC	B	49,618
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 44-0545280
Name: Kansas City University of Medicine and Biosciences

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
WILLIAM M DANA JR , TRUSTEE	1.0	X						0	0	0
DERON L CHERRY , TRUSTEE	1.0	X						0	0	0
CHERYL K DILLARD , TRUSTEE	1.0	X						0	0	0
PAUL W DYBEDAL DO , TRUSTEE	1.0	X						0	0	0
KESTER J NEDD DO , TRUSTEE	1.0	X						0	0	0
ROSHANN S PARRIS , TRUSTEE	1.0	X						0	0	0
CYNTHIA MORRIS DO , TRUSTEE	1.0	X						0	0	0
TERRENCE P DUNN , TRUSTEE	1.0	X						0	0	0
CARLA C DURYEE , TRUSTEE	1.0	X						0	0	0
FREDERICK G FLYNN DO , TRUSTEE	1.0	X						0	0	0
T NELSON MANN , SECRETARY & TRUSTEE	1.0	X		X				0	0	0
DARWIN J STRICTLAND DO , VICE CHAIRMAN & TRUSTEE	1.0	X		X				0	0	0
HOWARD D WEAVER DO , CHAIRMAN & TRUSTEE	1.0	X		X				0	0	0
KAREN L PLETZ , PRESIDENT & TRUSTEE	40.0	X		X				1,208,512	0	55,841
SANDRA K WILLSIE , EVP OF ACADEMIC AFFAIRS	40.0			X				223,813	0	9,338
RICHARD K HOFFINE , EXE VP OF FINANCE	40.0			X				578,426	0	66,987
DOUGLAS C DALZELL , EVP OF INSTITUTIONAL DEVEL	40.0			X				449,619	0	59,616
MARY PAT WOHLFORD WESSELS , EVP OF RESEARCH & INST EFF	40.0			X				215,494	0	54,500
DARIN L HAUG DO , EVP OF ACADEMIC & MED AFFAIRS	40.0			X				234,220	0	35,095
VERGIL J GUILLORY , ASSISTANT DEAN OF RESEARCH	40.0					X		222,723	0	42,355
G MICHAEL JOHNSTON , PROFESSOR DEPARTMENT CHAIR	40.0					X		216,392	0	43,847
JOSEPH M YASSO JR , ASSOCIATE PROFESSOR/CHAIR	40.0					X		205,557	0	42,994
KEVIN D TREFFER , ASSOCIATE PROFESSOR	40.0					X		185,028	0	43,118
GUATAM J DESAI , DIR OF CLINICAL COMPETENCIES	40.0					X		183,447	0	28,712

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Developing and sustaining the highest quality educational programs for the preparation of physicians, ethicists, and scientists who are leaders in meeting the needs of an ever changing society by maintaining a culture which embodies the principles and philosophy of our heritage, exemplifying humane, holistic and compassionate care. We contribute to the advancement of knowledge through research and scholarly activities developing the potential of students and faculty by sustaining a learning environment which emphasizes educational and personal values and a strives toward excellence.