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DLN: 93493085011030

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)

OMB No 1545-0047

2008

Open to Public

Form **990** 匆

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Department of the Treasury Inte

	ent of the Revenue	Service	► The or	ganızatıon may have to us	e a copy of this return to	satisfy st	ate reportin	g requirements	Open to Public Inspection
A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07	-01-2008 and ending	06-30-2009			·
B Che	eck if ap	pplicable	Please	C Name of organization NEWMAN UNIVERSITY INC				D Employer ider	tification number
☐ Add	lress ch	ange	use IRS label or					48-0556716	
┌ Nar	ne char	nge	print or	Doing Business As				E Telephone nui	nber
┌ Inıt	ıal retur	rn	type. See Specific	Number and street (or P O b	(316) 942-4				
Termination Instructions.				3100 MCCORMICK AVENUE	G Gross receipts	\$ \$ 26,341,468			
┌ Am	ended i	return		City or town, state or country	, and ZIP + 4			1	
┌ App	lication	pending		WICHITA, KS 672132097					
		ľ	F Nar	ne and address of Principa	Officer		H(a) Ic th	■ Is a group return f	
			NOREE	EN CARROCCI				is a group return i ates?	Yes V No
				1CCORMICK AVENUE TA,KS 67213					
I Tax	x-exem	pt status) (3) ◀ (insert no)	a)(1) or			II affiliates included	1? Yes No See instructions)
J W	eb site	e: ► WW	W NEWMA	NU EDU				up Exemption Nun	
К Тур	e of org	anızatıon	Corporat	ion trust association of	her ►		L Year of Fo	ormation 1933 M S	itate of legal domicile KS
Pa	rt I	Sumr	mary						
	1	Briefly d	lescribe th	e organization's mission or	most significant activit	ies			
3				y is a Catholic university r	•	ardınal New	man and fo	unded by the Ador	ers of the Blood of
Governance		Christ is	or the purp	ose of empowering graduat	es to transform society				
ē	2	Checkt	his box [ıf the organization discont	nued its operations or o	lisposed of	more than 2	25% of its assets	
9			,	members of the governing l					23
			_	ident voting members of th					18
<u>es</u>				nployees (Part V, line 2a)		,			662
Activities &				olunteers (estimate if nece			6 _	15	
a a	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)							7a	0
	ь	Net unre	elated bus	ness taxable income from	Form 990-T, line 34 .	•		7b	0
					Pri	or Year	Current Year		
-	8	Contril	butions an	d grants (Part VIII, line 1h)			2,331,457	1,863,212
Revenue	9	Program service revenue (Part VIII, line 2g)						23,407,272	24,243,064
ja ve	10			me (Part VIII, column (A),			1,056,898	-635,557	
т.	11			art VIII, column (A), lines			31,400	-6,165	
	12	12)						26,827,027	25,464,554
	13							6,677,816	6,834,010
	14	Benefit	ts paid to d	or for members (Part IX, co	lumn (A), line 4)				0
	15	Salarıe	s, other co	ompensation, employee bei	nefits (Part IX, column (A), lines 5	-		
Expenses		10)						10,801,760	12,910,758
₫	16a			raising fees (Part IX, colui				21,108	0
五	ь	•	_	penses, Part IX, column (D), line)			
	17		•	(Part IX, column (A), lines		(0.)		9,340,392	8,824,431
	18 19			add lines 13-17 (must eq		ımn (A))		26,841,076	28,569,199
文 6	19	veveill	ue 1635 EX	penses Subtract line 18 fr	ym ime IZ		Regine	-14,049 ling of Year	-3,104,645 End of Year
Net Assets or Fend Balances	20	Totala	accets (Do	rt X, line 16)			begiiii	67,751,448	60,844,556
15.55 H.25.	21							, ,	· · ·
end.			•	Part X, line 26) id balances Subtract line 2	1 from line 30			28,899,462	28,153,156
	22 t III		ature Bl		. I HOIH HINE ZU			38,851,986	32,691,400
Pall				DCK equry, I declare that I have exan	nined this return, including ac	companying	schedules and	statements, and to th	e best of mv knowledge
				correct, and complete Declaration					
Plea		****						0-03-31	
Sign Here		[ature of office				Date		
			EEN CARROC	CI PRESIDENT ne and title					
		 	<u> </u>	5	Data		hack if	Dreparer's DTIM (6	See Gen Inst \
De!-!		Preparer's signature AMANDA A COLEMAN Date Check if self-empolyed						Preparer's PTIN (S	bee Gen INSU)
Paid	ror's								
Prepa Use (ıf self-en	ame (or your nployed),	•				EIN Þ	
J 36 (-iiiy		and ZIP + 4	1551 N WATERFRONT PKW	Y STE 300			Dhara a hara	C) 265 2044
		<u> </u>		WICHITA, KS 672066601				Phone no 🕨 (31	6) 265-2811

May the IRS discuss this return with the preparer shown above? (See instructions)

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

4e	Total program service	expenses \$ 23	3,232,639 Must equal Part IX,	Line 25, column (B).	
-Tu	(Expenses \$		grants of \$) (Revenue \$)
4d	Other program service	es (Describe in Schedule	0)		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					,
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
ти	Newman University provide	ed educational programs and co		ın 45,141 credit hours 466 degrees wei	
4a	(Code) (Expenses \$ 2	3,232,639 including grants of \$	6,834,010) (Revenue \$	24,243,064)
4	Section 501(c)(3) and	(4) organizations and 49		largest program services by exp eport the amount of grants and a ed	
_	If "Yes," describe these	e changes on Schedule O		·	,
3	Did the organization ce services?		significant changes in how it cor	nducts any program	res ▽ No
	•	e new services on Schedu	le O		
	the prior Form 990 or 9	990-EZ?			ſes 🔽 No

art IV	Checklist	of Required	l 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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8	Yes	
9	complete Schedule D, Part III 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		N o
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	Yes	
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		Νο
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		No
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? <i>If</i> "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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		No
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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		No
Ь	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		No
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		Νο
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	Yes	

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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	
С	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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
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		Νo
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		Νo
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		Νο
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,	37		Νo
	Part VI			L

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		5. Information Returns . Enter -0- if not applicable					
			1a	87			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		ne organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	_		
	-	ng (gambling) winnings to prize winners?			1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> ments filed for the calendar year ending with or within the year covered by this					
	retur		2a	662			
ь	Ifatl	• east one is reported in 2a, did the organization file all required federal employm	nent ta	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	retur	n.	2b	Yes	
3а		ne organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	_		
		n ²	• •		3a		N o
		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b		
4a		y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		· · · ·	4a		Νo
ь	Tf"Va	es," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreign Bank and			
	Financ	cial Accounts.		_			
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		Νo
Ь	Dıd a	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Ye	es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> a	t Entit	v Regarding Prohibited			
Ī		helter Transaction?	•	· · ·	5c		
6a	Did th	ne organization solicit any contributions that were not tax deductible?			6a		Νο
ь	If "Ye	s," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
	were	not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization provide goods or services in exchange for any quid pro quo con	trıbutı	on of \$75 or	7a	Yes	
		7		10		l	
		es," did the organization notify the donor of the value of the goods or services pr			7b	Yes	
С		ne organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		•	7c		No
d		es," indicate the number of Forms 8282 filed during the year	7d				
_	11 10	is, marcute the number of forms of of med during the year.	,				
е		he organization, during the year, receive any funds, directly or indirectly, to pay					
		fit contract?			7e		No
f	Did th	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	For al	ll contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a F	orm 1098-C as	7h		
		red?			711		
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	ss business holdings at any time during the	•	,	8		
		'					
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а		ne organization make any taxable distributions under section 4966?			9a		
Ь	Did th	ne organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Sectio	on 501(c)(7) organizations. Enter		•			
		tion fees and capital contributions included on Part VIII, line 12	10a				
ь		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	ties					
11	Secti	on 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources	111				
	agaın	st amounts due or received from them)..........[11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu d	of Form 1041?	12a		
b	If "Ye	s," enter the amount of tax-exempt interest received or accrued during the	4				
	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	Λ	Governing	Body	and	Management
section	А.	Governing	DOUY	anu	management

			res	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 23						
b	Enter the number of voting members that are independent 18						
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		Νo			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	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		N N			
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		Νo			

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
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		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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. value values values values values.
- 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

NEWMAN UNIVERSITY 3100 MCCORMICK AVENUE WICHITA,KS 672132097 (316) 942-4291

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * 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

The check this box in the organization and i		Posit	(C) chec	:k al			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	(D) Reportable Compension Former Highest compensated employee Key employee Institutional Trustee Individual Trustee		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
						-			

Part VIII Continued

			(i ition that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\vdash			
			1							
				\vdash			\vdash			
							1			
1b Total					l		<u> </u>	760,356	5 (79,723
2 Total number of individuals (including	• • •	• •		• •						79,723

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization *4

			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	3		Νο			
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						
	ındıvıdual	4	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	5		Νo			

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
GREAT WESTERN CAMPUS DINING PO BOX 699 TIPTON, MO 650810699	FOOD SERVICE	560,473
ROYALL AND COMPANY 1920 E PARHAM ROAD RICHMOND, VA 23228	RECRUITING	337,064
CORNEJO SONS INC 2060 E TULSA WICHITA, KS 67216	CONSTRUCTION	400,890
MEDIA PARTNERS INC 6631 E KELLOGG WICHITA, KS 67207	ADVERTISING	121,593
Total number of independent contractors (including those in 1) who rece	ived more than \$100,000 in compensation	

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
	1a	Federated campaigns 1	a		Revenue		312, 313, 01 314
まま	ь	Membership dues					
gra ou		1l	25,216				
e, (С	Fundraising events					
<u>#</u> _₹	d	Related organizations 10	59,636				
π, Ē	e	Government grants (contributions) 16	82,135				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1,696,225				
nt o	g	Noncash contributions included in					
လွ မ	h	Total (Add lines 1a-1f)		1,863,212			
			Business Code				
an e	2a	TUITION & FEES	900,099	21,800,504	21,800,504		
ven	ь	AUXILIARY ENTERPRISES	611,710	2,506,910	2,506,910		
æ. æ.	С	INVESTMENT INCOME FROM PRGRAM-	611,710	-64,350	-64,350		
МСе	d	RELATED INVESTMENTS	-				
38			-				
E	e		_				
Program Serwce Revenue	f	All other program service revenue	_				
_	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, ınterest				
		other sımılar amounts)		223,937			223,937
	4	Income from investment of tax-exempt	•	0			
	5	Royalties	•	0			
		(i) Real	(II) Personal	_			
	6a	Gross Rents	(,				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
	- -	(1) Securities Gross amount	(II) O ther				
	7a	from sales of					
		assets other than inventory					
	ь	Less cost or 858,503 other basis and	991				
	c	sales expenses Gain or (loss) -858,503	-991				
	d	Net gain or (loss)		-859,494			-859,494
	_	<u> </u>	. •				
	8a	Gross income from fundraising events (not including					
άs		\$11,255					
Ě		of contributions reported on line 1c) See Part IV, line 18					
e.		Attach Schedule G ıf total exceeds					
Œ.		\$15,000	25,216				
Other Revenue	b	Less direct expenses		-6,165			-6,165
δ	С	Net income or (loss) from fundrais	sing events	-0,103			-0,103
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	Less direct expenses					
	c	Net income or (loss) from gaming		0			
			P				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	c	Less cost of goods sold t Net income or (loss) from sales o		0			
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	\$				
	-		0	35 464 551	24 242 001		644 700
	12	Total Revenue. Add lines 1h, 2g, 8c,	3, 4, 5, 6d, 7d,	25,464,554	24,243,064		-641,722
		9c, 10c, and 11e	▶				

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 ı	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	0						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,834,010	6,834,010					
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	724,493	543,333	159,644	21,516			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	9,300,756	6,975,091		276,217			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	573,913	428,975	126,043	18,895			
9	Other employee benefits	1,568,402	1,180,617	346,894	40,891			
10	Payroll taxes	743,194	558,500	164,100	20,594			
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	22,575	17,448	5,127				
c	Accounting	45,476	35,149	10,327				
d	Lobbying	0						
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	0						
g	Other	1,519,250	1,157,079	339,977	22,194			
12	Advertising and promotion	367,097	283,555	83,315	227			
13	Office expenses	1,049,851	792,819	232,949	24,083			
14	Information technology	151,856	117,370	34,486				
15	Royalties	0						
16	Occupancy	755,747	584,119	171,628				
17	Travel	698,358	469,726	138,017	90,615			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0						
19	Conferences, conventions and meetings	0						
20	Interest	1,198,325	926,189	272,136				
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	1,687,160	1,304,011	383,149				
23	Insurance	145,847	112,726	33,121				
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)							
а	BOOKS/RESOURCE MATERIALS	662,528	636,226	25,191	1,111			
b	MEMBERSHIPS	87,210	65,925	19,370	1,915			
c	MISCELLANEOUS	109,839	-40,118	149,957				
d	BAD DEBTS	323,312	249,889	73,423				
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	28,569,199	23,232,639	4,818,302	518,258			
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	Shoot

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments		276,520	2	379,993		
	3	Pledges and grants receivable, net		_		6,005,323	3	3,173,941
	4	Accounts receivable, net				573,027	4	528,226
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		emp	loyees or		5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use			•	286,857	8	261,124
22	9	Prepaid expenses and deferred charges				53,599	9	44,432
Assets	10a	Land, buildings, and equipment cost basis	1	ı	/			
4	_		10a		53,690,429			
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		15,997,640	38,868,795	10c	37,692,789
	11	Investments—publicly traded securities		_		12,815,225		11,354,697
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII	of	•	6,994,516		5,247,270
		Schedule D				, ,	12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$.		254,184	13	245,091		
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1,623,402	15	1,916,993		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				67,751,448	16	60,844,556
	17	Accounts payable and accrued expenses .		1,551,031	17	1,191,770		
	18	Grants payable					18	
	19	Deferred revenue				1,095,478	19	1,074,759
_	20	Tax-exempt bond liabilities				16,070,000	20	18,120,632
ēS	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lia		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties				9,741,767	23	7,309,762
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		441,186	25	456,233		
	26	Total liabilities. Add lines 17 through 25				28,899,462	26	28,153,156
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes	27			
Ð		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				15,845,643	27	10,758,879
Ва	28	Temporarily restricted net assets		4,521,886	28	2,794,934		
된	29	Permanently restricted net assets				18,484,457	29	19,137,587
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	e					
s or	30	Capital stock or trust principal, or current funds					30	
- ()	31	Paid-in or capital surplus, or land, building or equipment fund					31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu					32	
Net /	33	Total net assets or fund balances				38,851,986		32,691,400
Ž	34	Total liabilities and net assets/fund balances				67,751,448		60,844,556
Pa	rt YT	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
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	Yes	
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	Yes	
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	

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization NEWMAN UNIVERSITY INC

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.

Open to Public Inspection

									-0556716			_
Pa	rt I	Reason for Public Charity Status (to be completed by all organizations) (See Instructions)										
The	organız	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))				
1	Г	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u>~</u>	A school d	escribed in Sect	ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	\sqcap	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	Γ	Anorganiz	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	Anorganiz	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(E)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	rship fees	, and gross	
		receipts fro	om activities rel	ated to its exempt functions	s—s ubject	to certair	nexceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	stment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (Se	ee instruc	tions)	
11	Γ			and operated exclusively fo								
									(a)(2) See Section 509(a)(3). Check			
				type of supporting organiza	Type III				'' d	Type	III - Other	
e	Г	·	• •	rtify that the organization is			-					
	·	•		agers and other than one or			•			•	•	
_		section 50										
f		check this		d a written determination fro	m the IRS	that it is	a Type I,	TypeIIo	r Type III	supportir	ig organization F	<u>'</u>
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	<u> </u>		,	
		following pe	ersons?									_
			•	r indirectly controls, either		-	th persons	describe	d ın (ıı)		Yes No	_
			· -	ng body of the the supported	_	tion?				11g		_
			•	erson described in (i) above						11g(_
				ty of a person described in (11g(iii) No	_
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
	(** <u>)</u>	-	/··> = - 1.1	···· -								<u> </u>
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	I	s the ation in		ou notify inization	1 -	s the ation in	(vii) A mount support?	of
		ıızatıon		above or IRC section		listed in		i) of your		rganized	заррон	
	-			(See Instructions))	yourgo	verning		ort?		US?		
document?									1			
Yes No Yes No					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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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					

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

DLN: 93493085011030

OMB No 1545-0047

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Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury

▶ 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.

Supplemental Financial Statements

Internal Revenue Service Name of the organization **Employer identification number** NEWMAN UNIVERSITY INC

			48-0556716	
Pa	t I Organizations Maintaining Donor A organization answered "Yes" to Form 9		Funds or Accounts. Co	mplete if the
	organization answered fes to form 9	(a) Donor advised funds	(b) Funds and other a	ccounts
L	Total number at end of year			
<u>!</u>	Aggregate Contributions to (during year)			
	Aggregate Grants from (during year)			
	Aggregate value at end of year			
i	Did the organization inform all donors and donor add funds are the organization's property, subject to the	3	_	Yes
,	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		er	Yes
Par	Conservation Easements. Complete	ıf the organızatıon answered "Yes	" to Form 990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space	tion or pleasure) Preservation of Preservation of	an historically importantly lar certified historic structure	
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the fo		nd of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	ts	2b	
c	Number of conservation easements on a certified h	nistoric structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
}	Number of conservation easements modified, transf	•	ated by the organization during	1
	the taxable year 🕨	, , ,	, ,	•
ļ		estion assembnt is located by		
5	Number of states where property subject to conserv Does the organization have a written policy regarding		colotions and	
,	enforcement of the conservation easements it holds			Yes
5	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during t	he year ►	
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the	year ► \$	
3	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)^{2}$	2(d) above satisfy the requirements of s		Yes
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financ		
ar	Organizations Maintaining Collecti Complete if the organization answered		s, or Other Similar Asse	ets.
la	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or rese	arch in furtherance of public s	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or researc		
	(i) Revenues included in Form 990, Part VIII, line	1	► \$	0
	(ii) Assets included in Form 990, Part X		► \$	0
2	If the organization received or held works of art, his following amounts required to be reported under SFA		'	
а	Revenues included in Form 990, Part VIII, line 1		► \$	0
b	Assets included in Form 990, Part X		· ·	0

Cat No 52283D

Par	•••• Organizations Maintaining Collections of	Art, His	tori	<u>cal Treasu</u>	ires, or Othe	r Similar Asse	ets (co	<u>ntınued)</u>
3	Using the organization's accession and other records, checitems (check all that apply)	k any of th	ne foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and e	explain hov	w the y	further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive dona assets to be sold to raise funds rather than to be maintaine						Yes	√ No
Par	t IV Trust, Escrow and Custodial Arrangeme				ınızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amount on Fori							
1a	Is the organization an agent, trustee, custodian or other int included on Form 990, Part X?		for c	ontributions (or other assets r		Yes	☐ No
b	If "Yes," explain why in Part XIV and complete the following	g table						
						A mou	ınt	
с	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	K, line 21?				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV			1 1137 11 1	- 000 B			
Pa	rt V Endowment Funds. Complete if the organiz		Were Prior		Form 990, Par vo Years Back (d)		NEour Ve	ears Back
1a		6,837)FIIOI	rear (c)	vo rears back (u)	Tillee Tears back (e	s)i oui i e	ars back
ъ		3,695						
c		8,674						
d	Grants or scholarships							
e	Other expenditures for facilities 71	7,928						
	and programs							
f	Administrative expenses							
g	End of year balance	3,930						
2	Provide the estimated percentage of the year end balance h	neld as						
а	Board designated or quasi-endowment 🕨 5 %							
b	Permanent endowment 🕨 95 %							
c	Term endowment ► 0 %							
3a	Are there endowment funds not in the possession of the orgonization by	janization 1	that a	re held and a	idministered for	the	V	
	(i) unrelated organizations					3a(i)	Yes	No
	(ii) related organizations					3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations listed as rec					Зь	Yes	
4	Describe in Part XIV the intended uses of the organization'	s endowme	ent fu	nds				
Par	t VI Investments—Land, Buildings, and Equip	oment. S	ee F	orm 990, P	art X, line 10.			
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a	Land			0	522,409			522,409
b	Buildings				43,590,273	10,847,370	3	2,742,903
c	Leasehold improvements				0	0		(
d	Equipment				5,124,570	3,595,158		1,529,412
e	Other				4,453,177	1,555,112		2,898,065

37,692,789

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(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 PRIVATE EQUITY INVESTMENTS	5,247,270	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,247,270	
		12
Part VIII Investments—Program Related. Se		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, II		(h) Paak value
OTHER RECEIVABLES	ption	(b) Book value
		119,216 395,225
BOND COSTS - AMORT \$168,189		
CASH SURRENDER VALUE - INSUR		523,859
BENEFICIAL INTEREST IN TRUST		878,693
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
FEDERAL STUDENT LOAN FUNDS	271,898	
ANNUITIES PAYABLE	5,993	
ASSET RETIREMENT OBLIGATION	178,342	
	,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	456,233	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,464,554
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,569,199
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,104,645
4	Net unrealized gains (losses) on investments	4	-3,055,941
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	-3,055,941
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,160,586
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		15,593,014
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	2 2 2 7 5 2 2
e	Add lines 2a through 2d	2e	-3,037,530
3	Subtract line 2e from line 1	3	18,630,544
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	6,834,010
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,464,554
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	21,753,600
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		, ,
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	18,411
3	Subtract line 2e from line 1	3	21,735,189
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	6,834,010
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	28,569,199

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

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES		LINE 1A COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS ARE NOT CAPITALIZED IN AS MUCH AS THE ITEMS ARE PRESERVED AND CARED FOR CONTINUOUSLY CONTRIBUTIONS OF COLLECTIONS ITEMS ARE NOT REPORTED IN THE FINANCIAL STATEMENTS PROCEEDS FROM DISPOSAL OF AND INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES THE UNIVERSITY'S COLLECTIONS CONSIST OF APPROXIMATELY 50 SMALL SCULPTURES AND VARIOUS PAINTINGS THEY ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THE DISPOSITION OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER COLLECTION ITEMS LINE 4 THE UNIVERSITY'S COLLECTIONS CONSIST OF APPROXIMATELY 50 SMALL SCULPTURES AND VARIOUS PAINTINGS THE ART COLLECTIONS ENHANCE THE ART AND RELIGIOUS PROGRAMS OF THE UNIVERSITY
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V	LINE 4 The intended use of the organization's endowment funds is to underwrite scholarships and educational activities
RECONCILIATION OF REVENUES	FORM 990, SCHEDULE D, PART XII	LINE 2D SPECIAL EVENT EXPENSES = \$17,420 LOSS ON SALE OF ASSETS = \$ 991 LINE 4B SCHOLARSHIPS = \$6,834,010
RECONCILIATION OF EXPENSES	FORM 990, SCHEDULE D, PART XIII	LINE 2D SPECIAL EVENT EXPENSES = \$17,420 LOSS ON SALE OF ASSETS = \$ 991 LINE 4B SCHOLARSHIPS = \$6,834,010

Employer identification number

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Schools

NEWMAN UNIVERSITY INC 48-0556716 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 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 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 3 Yes THE UNIVERSITY'S RACIALLY NONDISCRIMINATORY POLICY IS INCORPORATED INTO THE COURSE CATALOG, REGISTRATION SCHEDULES, STUDENT HANDBOOKS, NEWSPAPER ADS AND WRAPS AND THE UNIVERSITY'S WEBSITE 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 4h 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) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo 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 Νo 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

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DLN: 93493085011030

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Nevenue Service						Inspection																								
Name of the organization					Employer iden	tification number																								
NEWMAN UNIVERSITY INC					48-0556716																									
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes" (to Form 990, Part IV	, line 17.																								
Indicate whether the orga Mail solicitations Email solicitations Phone solicitations In-person solicitations	nization raised funds			following activities Che	eck all that apply non-government grants government grants	,																								
2a Did the organization have or key employees listed in b If "Yes," list the ten higher to be compensated at lease.	a written or oral agre n Form 990, Part VII st paid individuals oi) or entity r entities (f	in connec	ction with professional f rs) pursuant to agreeme	fundraising activities? ents under which the fur																									
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		(iii) Dıd fundraıser have custody or control of		(iii) Dıd fundraıser have custody or control of		(iii) Dıd fundraıser have custody or control of		(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iii) Dıd fundraıser have custody or control of		(iii) Did fundraiser have custody or control of		(iii) Dıd fundraıser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		(iii) Dıd fundraıser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No		.,																									
Total																														

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.					rted		
			(a) Event #1 ART OF FOOD/DRI (event type)	(b) Event #2 NONE (event type)	(c) O ther Events 0 (total number)	(d) T (A dd co	otal Ev I (a) t ol (c))	hrough
₽	1		36,471	(646			:	36,471
Revenue	2	Gross receipts Less Charitable contributions	25,216	C	0			25,216
	3	Gross revenue (line 1 minus line 2)	11,255	C	0		:	11,255
	4	Cash Prizes	0	C	0			0
စ္တ	5	Non-cash Prizes	2,500	C	0			2,500
Sens	6	Rent/Facility costs	0	C	0			0
Direct Expenses	7	Other direct expenses	14,920	C	0		:	14,920
ě	8	Direct expense summary Add line	s 4 through 7 ın column	(d)	🕨		:	17,420
	9	Net income summary Combine lin			•			-6,165
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re tha	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot col (a)	al gamın hrough (
	1	Gross revenue						
s e e	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ш Б	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u> </u>	Yes	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d	d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	mn (d)	🛌			_
9	Ent	er the state(s) in which the organizat	von onerstee gaming act	t.o.c			Yes	No
а	Is t	the organization licensed to operate (-		· 9a		
b	<u></u>	No," Explain						
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10	a	
11		es the organization operate gaming a	ctivities with nonmambe	rs?				
12	Is t	the organization a grantor, beneficiar	y or trustee of a trust or	a member of a partnersh	up or other entity			
	forr	ned to administer charitable gaming?				12	: [

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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

OMB No 1545-0047

DLN: 93493085011030

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspect ion

Employer identification number

NEWMAN UNIVERSITY INC							
NEWMAN ONIVERSITY INC						48-0556716	
Part I General Infor	mation on Gra	nts and Assistance	9			•	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gran	nts or assistance?					ר Yes ⊏ו
Part IV and Sch	IV, line 21 for ar iedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the original rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		=			•		_
3 Enter total number of oth							•
For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organiza	ation answered "Y	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)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
GENERAL INFORMATION ON GRANTS AND ASSISTANCE	FORM 990, SCHEDULE I, PART I	LINE 2 ALL FEDERAL TITLE IV GRANTS ARE ADMINISTERED AND MONITORED ACCORDING TO THE SPECIFIC FEDERAL REGULATIONS OF EACH GRANT

Software ID: Software Version:

EIN: 48-0556716

Name: NEWMAN UNIVERSITY INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FEDERAL PELL GRANT	397	1,142,861	0	NONE	NONE
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT	109	89,254	0	NONE	NONE
ACADEMIC COMPETITIVENESS GRANT	18	17,125	0	NONE	NONE
NAT'L SCIENCE/MATHEMATICS ACCESS TO RETAIN TALENT	8	24,000	0	NONE	NONE
TEACHER EDUC ASSISTANCE FOR COLLEGE/HIGHER EDUC	11	34,000	0	NONE	NONE
KANSAS COMPREHENSIVE GRANT	278	724,589	0	NONE	NONE
KANSAS STATE SCHOLARSHIP	16	15,500	0	NONE	NONE
KANSAS TEACHER SERVICE SCHOLARSHIP	27	84,349	0	NONE	NONE
SUBSIDIZED STAFFORD LOAN	940	4,400,104	0	NONE	NONE
UNSUBSIDIZED STAFFORD LOAN	926	5,683,545	0	NONE	NONE
PLUS LOAN	70	472,942	0	NONE	NONE
GRADUATE PLUS LOAN	38	451,311	0	NONE	NONE
PERKINS LOAN	25	24,500	0	NONE	NONE
ALTERNATIVE LOAN	86	643,721	0	NONE	NONE
WORKSTUDY	67	72,610	0	NONE	NONE

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DLN: 93493085011030

OMB No 1545-0047

2008

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.

Open to Public Inspection

Name	of	t he	orga	nizat	ion
NEWMA	I NA	JNTVF	RSITY	/ INC	

Employer identification number

48-0556716

Pa	Tt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization possible of the organization possible of the second of the complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If '	•		1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all					
	✓ Compensation committee	<u> </u>				
	✓ Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental nor	nqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described 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	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
NOREEN CARROCCI (II		5,000 0	27,647 0	12, 14 8 0	4,560 0	227,827 0	0 0
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(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

Ident if ier	Ret urn Reference	Explanation
COMPENSATION INFORMATION		RESIDENCE FOR PERSONAL USE - NEWMAN UNIVERSITY PROVIDES HOUSING TO NOREEN CARROCCI AND DID INCLUDE THE FAIR MARKET VALUE OF THE HOUSING IN HER W-2 SOCIAL CLUB DUES - NEWMAN UNIVERSITY PROVIDED SOCIAL CLUB DUES TO NOREEN CARROCCI AND TOM BORREGO AND DID NOT INCLUDE THE FAIR MARKET VALUE OF THE SOCIAL CLUB DUES IN THEIR W-2 NOREEN CARROCCI AND TOM BORREGO USED THE SOCIAL CLUB DUES 100% FOR NEWMAN UNIVERSITY'S BUSINESS

Schedule J (Form 990) 2008

DLN: 93493085011030

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEWMAN UNIVERSITY INC

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Employer identification number 48-0556716

P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Description of Purpose		Purpose	(g) Defeased		(h) On Behalf of Issuer	
											Yes	No	Yes	No
A	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	048526hn4	09-15-	2009	10,	345,000	EDUC FAC BOND	REFUNDI	NG REV		х		x
В	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	048526hn4	10-28-	2006	8,	000,000	EDUC FACILITIES REVENUE BOND		VENUE		х		×
c	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	048526hn4	06-01-	2009	2,	500,000	REVENUE ANTICIPATION BOND			Х		х	
Pa	rt II Proceeds (Optional for 2	2008)			<u> </u>	_								
					4	I	В	(:	D			E	
1	1 Total Proceeds of Issue													
2	2 Gross Proceeds in Reserve Funds													
3	3 Proceeds in Refunding or Defeasance Escrows													
4	4 Other Unspent Proceeds													
5	5 Issuance Costs from Proceeds													
6	Working Capital Expenditures from	Proceeds												
7	Capital Expenditures from Proceed	İs												
8	Year of Substantial Completion					•		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	s	No
9	Were the bonds issued as part of a	current refunding iss	sue?											
10	Were the bonds issued as part of a	n advance refunding	ıssue?											
11	Has the final allocation of proceeds	s been made?												
12	Does the organization maintain ade final allocation of proceeds?	equate books and rec	ords to support the											
Pa	rt IIII Private Business Use (Optional for 2008)							1		1		
					<u>-</u>	 	B I	(-	D		<u> </u>	E	
	Was the sussessment of the susse			Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,											
2	Are there any lease arrangements which may result in private busines		nanced property											
For	Paperwork Reduction Act Notice, see the	Instructions for Form	າ 990.			Cat No 501	193E			Sch	nedule K (Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	В		C		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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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.

Name of the organization **Employer identification number** NEWMAN UNIVERSITY INC 48-0556716 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 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . 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 (f) (b) Loan to or **(e)** In Approved (g)Written from the (a) Name of interested person and (c)O riginal principal (d)Balance due default? by board or agreement? organization? purpose amount committee? From Yes No Yes No Τо No Yes

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)A mount of grant or type of assistance
ISSAC JOHNSTON	SON OF J V JOHNSTON, Dir	18,574
CHRISTOPHER STANLEY	SON OF DOUGLAS STANLEY, DIR	12,000

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	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
KAREN AUSTIN	FAMILY MEMBER		EMPLOYMENT COMPENSATION		Νο
SAMUEL BORREGO	FAMILY MEMBER	· · · · · · · · · · · · · · · · · · ·	EMPLOYMENT COMPENSATION		No

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SCHEDULE M (Form 990)

NEWMAN UNIVERSITY INC

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

Non-Cash Contributions

Department of the Treasury Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

					48-0556716			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermı	nıng	
1	Art—Works of art	Х	1	1 g O				
	Art—Historical treasures .		<u> </u>					
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	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)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	3, Part IV, Donee	ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date of			not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem							
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us			to solicit, process, or sell	non-cash			
	contributions?					32a		Νo
	If "Yes", describe in Part II							
33	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a)ıs			
	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. ReturnReference Identifier Explanation FORM 990, SCHEDULE M, PART I, NON-CASH CONTRIBUTIONS A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 33 LINE 1G FOR ITEMS LISTED ON SCHEDULE M, PART I, LINE 1 BECAUSE NEWMAN UNIVERSITY DOES NOT CAPITALIZE ITS ART COLLECTIONS (AS ALLOWED UNDER SFAS 116)

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.

2008

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Inspection

Name of the organization NEWMAN UNIVERSITY INC Employer identification number

48-0556716

ldentifier	Return Reference	Explanation
GOVERNING BODY & MANAGEMENT	FORM 990, PART VI, SECTION A	LINE 2 BOARD MEMBERS SR JAN RENZ AND SR MARY CATHERINE CLARK HAVE A BUSINESS RELATIONSHIP BOARD MEMBERS SIDE AND SEMESON HAVE A BUSINESS RELATIONSHIP BOARD MEMBERS MISER ROBERT HEMBERGER & BOS SIMPSON HAVE A BUSINESS RELATIONSHIP LINE 4 CHANGE TO THE BY LAWS - THE NUMBER OF TRUSTEES TO CONSTITUTE THE BOARD OF TRUSTEES SHALL NOT STEED TO THE BY LAWS - THE NUMBER OF TRUSTEES TO CONSTITUTE THE BOARD OF TRUSTEES SHALL NOT EXCEED THAIL BE MENDERS OF THE NUMBER OF TRUSTEES TO CONSTITUTE THE BOARD OF TRUSTEES SHALL NOT EXCEED THAIL BE MENDERS OF THE NUMBER OF TRUSTEES TO CONSTITUTE THE BOARD OF TRUSTEES SHALL BY THE MEMBERS THE NUMBER INCREASED FROM 5 TO 8 ADDED TO THE BY LAWS - TWO (2) SEATS ON THE BOARD SHALL BE RESERVED FOR REPRESENTATIVES CHOSEN FROM AMONG THE CATHOLIC DICCESES OF WICHTRO LODGE OF YAMD SALUNA, KANSAS, AND THE ARCHDIOCESE OF OKLAHOMA CITY, OKLAHOMA, COLLECTIVELY ADDED TO THE BY LAWS - THE CORPORATION ADDOPTED A CONFLICT OF INTEREST POLCY LINE 6 THE NUMBER OF TRUSTEES TO CONSTITUTE THE BOARD OF TRUSTEES SHALL NOT EXCEED THIRTY (30) EIGHT (8) TRUSTEES SHALL BE MEMBERS OF THE ADDRERS CONGREGATION, OR THEIR DESIGNEES, AS APPOINTED BY THE MEMBERS THE PRESIDENT AND CEO OF THE UNIVERSITY (HEREATTER REFERENCE) TO AS THE "PRESIDENT" SHALL SERVE ON THE BOARD OF TRUSTEES AS AN EXOFFICION VOTING MEMBER TWO (2) SEATS ON THE BOARD OF TRUSTEES AS AN EXOFFICION VOTING MEMBER TWO (2) SEATS ON THE BOARD OF TRUSTEES AS AN EXOFFICION VOTING MEMBER TWO (2) SEATS ON THE BOARD OF TRUSTEES AS AN EXOFFICION VOTING MEMBER TWO (2) SEATS ON THE BOARD OF TRUSTEES AS AND THE ARCHDIOCESE OF OKLAHOMA CITY, OKLAHOMA, CITY, OKLAHOMA C

Identifier	Return Reference	Explanation
POLICIES	FORM 990, PART VI, SECTION B	LINE 12C INDIVIDUALS (BOARD MEMBERS AND OFFICERS) ARE REQUIRED TO NOTIFY THE BOARD EACH YEAR OF ANY CONFLICT OF INTEREST ISSUES THIS IS PERFORMED BY COMPLETING A REPORTING FORM AND IS DISCLOSED AT THE FIRST BOARD METING OF THE YEAR ALSO, THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION IS CHARGED WITH REPORTING TO THE BOARD ANY BUSINESS TRANSACTIONS BETWEEN BOARD MEMBERS AND NEWMAN UNIVERSITY THAT EXCEED \$25,000 THE POLICY IS SPECIFIC ON THESE POINTS THE BOARD IS RESPONSIBLE FOR DETERMINING WHETHER OR NOT A TRANSACTION CREATES A CONFLICT OF INTEREST ONCE A POTENTIAL CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE BOARD OF TRUSTEES MAY TAKE ONE OR MORE OF THE FOLLOWING ACTIONS 1) THE TRUSTEE WHO IS A COVERED PERSON MAY INFORM THE BOARD OF THE CONFLICT AND RECUSE HIM OR HERSELF FROM PARTICIPATION IN THE DISCUSSION AND REFRAIN FROM VOTING ON THE AGENDA ACTION TIEM 2) THE BOARD OF TRUSTEES, AFTER APPROPRIATE DISCUSSION AND THROUGH A VOTE OF THE BOARD, SHALL DETERMINE, ON A SITUATION BY SITUATION BASIS, IF A CONFLICT OF INTEREST FOR A FINANCIAL TRANSACTION EXISTS THE COVERED PERSON MAY PARTICIPATE IN THE DISCUSSION BUT MAY NOT VOTE ON THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COVERED PERSON, MAY PARTICIPATE IN THE BOARD DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COVERED PERSON, THE BOARD OF TRUSTEES MAY DISALLOW A FINANCIAL TRANSACTION, AND/OR SANCTION, REMOVE OR OTHERWISE DISCUSSION AND FROM VOTING ON THE AGENDA ACTION ITEM 3) IN CERTAIN CIRCUMSTANCES AND WHERE A CONFLICT OF INTEREST WAS NOT REPORTED BY THE COVERED PERSON, THE BOARD OF TRUSTEES MAY DISALLOW A FINANCIAL TRANSACTION, IF DESMED NECESSARY, SHALL BE ACCOMPLISHED IN EXECUTIVE SESSION BY A VOTE OF THE BOARD OF TRUSTEES LIVE 15A NEWMAN UNIVERSITY OFFICIALS ROUTINELY MONITOR SALARY LEVELS AND COMPARE THESE TO PUBLISHED DATA IN THE CHRONICLE OF HIGHER EDUCATION AND OTHER PROFESSIONAL JOURNALS FOR SIMILAR ORGANIZATIONS IN THE CARSO OF THE HIRE OF THE PRESIDENT, A SEARCH CO

DLN: 93493085011030

2008

OMB No 1545-0047

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SCHEDULE R (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization **Employer identification number** NEWMAN UNIVERSITY INC 48-0556716 Identification of Disregarded Entities

Part 1 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 Organizat	tions					

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
ADORERS OF THE BLOOD OF CHRIST US REGION 4233 SULPHUR AVENUE ST LOUIS, MO63109 37-1402562	SUPPORT	МО	501c(3)	1	NA
LEAVEN INT'L CORPORATION 1165 SOUTHWEST BLVD WICHITA, KS67213 48-0996031	SUPPORT	KS	501C(3)	1	ADORERS
	<u> </u>			<u> </u>	

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

176	art V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	s 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?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	b Gift, grant, or capital contribution to other organization(s)	1b		No
c	c Gift, grant, or capital contribution from other organization(s)	1 c	Yes	s
d	d Loans or loan guarantees to or for other organization(s)	1d		No
е	e Loans or loan guarantees by other organization(s)	1e		No
f	f Sale of assets to other organization(s)	1 f		No
g	g Purchase of assets from other organization(s)	1g		No
h	h Exchange of assets	1h		No
i	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)	1 <u>j</u>		No
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	m Sharing of facilities, equipment, mailing lists, or other assets	1m	•	No
n	n Sharing of paid employees	1n		No
_	o Reimbursement paid to other organization for expenses	10	Yes	_
	p Reimbursement paid by other organization for expenses	1p		
P	P Remindisement paid by other organization for expenses			-
q	q O ther transfer of cash or property to other organization(s)	1q	Yes	s
	r Other transfer of cash or property from other organization(s)	1r		No

2 I	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)	ADORERS OF THE BLOOD OF CHRIST	С	59,636							
(2)	ADORERS OF THE BLOOD OF CHRIST	0	100,963							
(3)	ADORERS OF THE BLOOD OF CHRIST	Р	128,905							
(4)	ADORERS OF THE BLOOD OF CHRIST	Q	250,000							
(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) organization:	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 48-0556716

Name: NEWMAN UNIVERSITY INC

Form 990, Part VII - Section Aaa								
		Posit t	(C tion (hat a	chec	İ		(E)	(F)
(A) Name and Title	Name and Title Per P		Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations				
JV JOHNSTON , CHAIRMAN OF THE BOARD	1 0	Х				0	0	0
LARRY P SCHUMACHER , TRUSTEE	1 0	Х				0	0	0
BARBARA BAER CSJ, TRUSTEE	1 0	Х				0	0	0
ROSE THERESE BAHR ASC , TRUSTEE	1 0	Х				0	0	0
SHERYL BAKER , TRUSTEE	1 0	Х				0	0	0
MARY CATHERINE CLARK ASC , TRUSTEE	1 0	Х				0	0	0
DENISE ANN CLIFFORD SL , TRUSTEE	10	Х				0	0	0
MARK DUGAN , TRUSTEE	1 0	Х				0	0	0
REV MSGR ROBERT HEMBERGER , TRUSTEE	1 0	Х				0	0	0
GERRY KILLEEN , TRUSTEE	1 0	Х				0	0	0
MICHAEL LUDLOW MD , TRUSTEE	1 0	Х				0	0	0
ARCHIE MACIAS , TRUSTEE	1 0	Х				0	0	0
TONY MADRIGAL, TRUSTEE	1 0	Х				0		
THOMAS E MALONE , TRUSTEE	1 0	Х				0	0	
JAN RENZ ASC , TRUSTEE	1 0	Х				0	0	
GABRIELLE ROWE ASC , TRUSTEE	1 0	Х				0	0	0
DOUGLAS L STANLEY , VICE CHAIRMAN	1 0	Х				0	0	0
ELAINE VITELLO , TRUSTEE	10	Х				0	0	0
SHEILA MAKSIMOWICZ, TRUSTEE	1 0	Х				0	0	
ROBERT SCHREMMER, TRUSTEE	1 0	Х				0	0	0
BOB SIMPSON , TRUSTEE	1 0					0		
LINDA SNOOK , TRUSTEE	1 0	Х				0	0	0
MARK DRESSELHAUS , V P FOR FINANCE	400			Х		106,951	0	12,119
TOM BORREGO , V P FOR ADVANCEMENT	40 0			х		106,361	0	11,811
RHONDA CANTRELL , V P FOR HUMAN RESOURCES	40 0			х		86,230	0	10,280
JOHN CLAYTON , DEAN OF ADMISSIONS	40 0			х		87,251	0	10,535
NOREEN CARROCCI , PRESIDENT	40 0			Х		211,119	0	16,708
MICHAEL AUSTIN, V P FOR ACADEMIC/AFFAIRS	40 0			х		53,885	0	6,149
SHARON NIEMANN , DIR OF CRNA PROGRAM	40 0				х	108,559	0	12,121

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

Newman University is a Catholic, Liberal Arts University sponsored by the Adorers of the Blood of Christ. The university is named after Church leader and educator, John Henry Cardinal Newman, and its primary focus is educating for life. Newman University provides for students the knowledge and skills to succeed personally and professionally, and nurtures an ethical and moral standard rooted in Judeo-Christian principles, by which they can set goals, make decisions and establish relationships. Newman University is committed to the belief that the spiritual nature of all persons can and should influence all aspects of life and, therefore, is an important factor in the improvement of our technological society. The University, through its curriculum and supporting environment, challenges its students to become liberally educated persons who will: - Respect the dignity of every person. - Desire a higher education imbued with the values of Catholic tradition and the mission of the Adorers of