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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

SEE SCHEDULE O

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 25,750,840 including grants of \$ 1,134,670 ) (Revenue \$ 45,390,135 )
	THE UNIVERSITY EDUCATES DOCTORS OF OSTEOPATHIC MEDICINE OUR FOUR YEAR INTEGRATED CURRICULUM EMPHASIZES BOTH THE BASIC SCIENCES AND CLINICAL SKILLS THE ACADEMIC PROGRAMS OFFERED ARE TAUGHT BY HIGHLY QUALIFIED FACULTY 98% OF FACULTY HAS D O , M D OR PH D DEGREES THE UNIVERSITY AWARDS APPROXIMATELY 250 D O DEGREES EACH YEAR

4b	(Code ) (Expenses \$ 725,885 including grants of \$ 13,161 ) (Revenue \$ 1,761,944 )
	THE UNIVERSITY’S GRADUATE SCHOOL OFFERS MASTER’S LEVEL DEGREES IN BIOMEDICAL SCIENCES AND BIOETHICS THE BIOMEDICAL SCIENCES PROGRAM INCLUDES BOTH A ONE YEAR DEGREE PROGRAM AND A TWO-YEAR DEGREE PROGRAM (RESEARCH TRACK) KCUMB IS THE ONLY UNIVERSITY IN THE REGION TO OFFER A GRADUATE -LEVEL DEGREE IN BIOETHICS APPROXIMATELY 60 GRADUATE DEGREES ARE AWARDED EACH YEAR















4c	(Code ) (Expenses \$ 3,508,693 including grants of \$ 275,454 ) (Revenue \$ 500,512 )
	THE UNIVERSITY HAS A STRONG COMMITMENT TO COMMUNITY SERVICE AND SOCIAL RESPONSIBILITY THE UNIVERSITY PROVIDES SERVICES WHICH PROMOTES EDUCATION AND HEALTH IMPROVEMENT IN TARGETED AREAS THIS ENDEAVOR IS ACCOMPLISHED BY THREE INITIATIVES - i) CLINICAL PRACTICE AT PHYSCIANS ASSOCIATES, ii) RESEARCH IN AREAS SUPPORTING THE MISSION OF THE UNIVERSITY, AND iii) SCORE 1 FOR HEALTH

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

4e	Total program service expenses	\$ 29,985,418
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school 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 United States?	14a	No
14b	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	Yes	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	Yes	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	258	
		1b	0	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	526	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	Yes
b If "Yes," enter the name of the foreign country VI , CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	11	
b	Enter the number of voting members that are independent . . .	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5	Yes	
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MO
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 ▶ FRED CORNWELL 1750 INDEPENDENCE AVENUE KANSAS CITY,MO 64106 (816) 283-2306





<b>1b</b>	<b>Total</b> . . . . .	5,892,849	0	726,321
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **39**

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BARRY SEWARD	CONSULTING	123,960
BRYAN CAVE LLP	LEGAL	611,172
NEVISU SERIG PALMER ARCH	CONSTRUCTION	399,951
LATHROP GAGE LC	LEGAL	373,602
BORDNER ROOFING INC	CONSTRUCTION	257,101

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues . . . . .	1b	29,950					
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . .	1d						
	e	Government grants (contributions)	1e	194,934					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	349,391					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f . . . . .		574,275					
Program Service Revenue			Business Code						
	2a	NET PATIENT REVENUE	621,110	1,679,454	1,679,454				
	b	STUDENT FEES & REV	611,600	44,784,263	44,784,263				
	c	STUDENT LOAN INTEREST	611,600	65,608	65,608				
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f . . . . .		46,529,325					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,022,585			1,022,585		
	4	Income from investment of tax-exempt bond proceeds . . .		0					
	5	Royalties . . . . .		0					
	6a	Gross Rents	(i) Real	(ii) Personal					
			5,250						
			0						
			5,250						
	d	Net rental income or (loss) . . . . .		5,250			5,250		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			31,489,533	120,800					
			29,708,697	145,194					
			1,780,836	-24,394					
	d	Net gain or (loss) . . . . .		1,756,442			1,756,442		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a						
			b	Less direct expenses . . . . .	b				
			c	Net income or (loss) from fundraising events . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a						
			b	Less direct expenses . . . . .	b				
			c	Net income or (loss) from gaming activities . . .		0			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b			Less cost of goods sold . . . . .	b					
c			Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code							
11a	CAFETERIA & VENDING	611,710	117,753	117,753					
b	MISC SCHOOL INCOME	611,710	505,001	505,001					
c	DRUG STUDY	900,099	500,512	500,512					
d	All other revenue . . . . .								
e	Total. Add lines 11a-11d . . . . .		1,123,266						
12	Total revenue. See Instructions . . . . .		51,011,143	47,652,591	0	2,784,277			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.					
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	743,955	743,955		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	679,330	679,330		
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 . . . . .	4,132,005	1,141,150	2,819,912	170,943
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	93,779	41,000		52,779
7	Other salaries and wages	15,269,428	13,210,603	997,491	1,061,334
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,441,133	1,147,344	203,189	90,600
9	Other employee benefits . . . . .	2,103,581	1,742,348	185,354	175,879
10	Payroll taxes . . . . .	1,215,898	921,443	206,293	88,162
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	4,618,627		4,618,627	
c	Accounting . . . . .	102,968	76,196	20,594	6,178
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	215,196		215,196	
g	Other . . . . .	1,860,330	1,357,957	248,890	253,483
12	Advertising and promotion . . . . .	446,253	295,125	9,625	141,503
13	Office expenses . . . . .	1,098,055	755,970	118,642	223,443
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,480,781	1,183,335	228,648	68,798
17	Travel . . . . .	581,574	360,239	108,497	112,838
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	358,938		358,938	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	2,288,048	1,969,692	244,889	73,467
23	Insurance . . . . .	611,901	433,621	173,858	4,422
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	EDUCATION	1,982,173	1,961,968	17,571	2,634
b	PUBLIC RELATIONS	127,547	55,964	358	71,225
c	DUES & SUBSCRIPTIONS	847,413	689,812	136,728	20,873
d	STUDENT FUNCTIONS	952,524	464,516	79,008	409,000
e	MISCELLANEOUS	1,122,994	753,850	220,053	149,091
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	44,374,431	29,985,418	11,212,361	3,176,652
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			28,460,913	2	26,617,516
	3	Pledges and grants receivable, net . . . . .			1,064,928	3	679,531
	4	Accounts receivable, net . . . . .			224,092	4	592,361
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			47,219	8	42,089
	9	Prepaid expenses and deferred charges . . . . .			999,974	9	1,008,111
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	62,695,973			
	b	Less accumulated depreciation . . . . .	10b	23,157,334	37,922,129	10c	39,538,639
	11	Investments—publicly traded securities . . . . .			43,969,459	11	48,397,798
	12	Investments—other securities See Part IV, line 11 . . . . .			11,544,405	12	13,623,353
	13	Investments—program-related See Part IV, line 11 . . . . .			2,230,245	13	2,319,050
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			1,501,613	15	3,377,927
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			127,964,977	16	136,196,375
Liabilities	17	Accounts payable and accrued expenses . . . . .			5,750,970	17	5,919,503
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			2,062,950	19	1,465,166
	20	Tax-exempt bond liabilities . . . . .			7,255,000	20	7,055,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			3,668,677	25	2,824,765
	26	Total liabilities. Add lines 17 through 25 . . . . .			18,737,597	26	17,264,434
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			100,739,454	27	110,889,107
	28	Temporarily restricted net assets . . . . .			4,007,980	28	3,382,045
	29	Permanently restricted net assets . . . . .			4,479,946	29	4,660,789
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			109,227,380	33	118,931,941
	34	Total liabilities and net assets/fund balances . . . . .			127,964,977	34	136,196,375

**Part XI**    **Financial Statements and Reporting**

		<b>Yes</b>	<b>No</b>
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	<b>2c</b>	Yes
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	<b>3b</b>	Yes

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Kansas City University of Medicine and Biosciences

Employer identification number  
44-0545280

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> Kansas City University of Medicine and Biosciences	<b>Employer identification number</b> 44-0545280
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	6,707,764	5,646,082			
b Contributions . . . . .	144,616	2,047,660			
c Investment earnings or losses . . . . .	473,336	-833,509			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	389,159	138,226			
f Administrative expenses . . . . .	18,803	14,243			
g End of year balance . . . . .	6,917,754	6,707,764			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 31.000 %

b

Permanent endowment ▶ 69.000 %

c

Term endowment ▶ 0 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,024,317		1,024,317
b Buildings . . . . .		44,129,109	13,763,234	30,365,875
c Leasehold improvements . . . . .				
d Equipment . . . . .		9,406,004	9,394,100	11,904
e Other . . . . .		8,136,543	0	8,136,543
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				39,538,639

Schedule D (Form 990) 2009



<b>Part XI    Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>
<b>3</b>	Excess or (deficit) for the year   Subtract line 2 from line 1	<b>3</b>
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>
<b>5</b>	Donated services and use of facilities	<b>5</b>
<b>6</b>	Investment expenses	<b>6</b>
<b>7</b>	Prior period adjustments	<b>7</b>
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>
<b>9</b>	Total adjustments (net)   Add lines 4 - 8	<b>9</b>
<b>10</b>	Excess or (deficit) for the year per financial statements   Combine lines 3 and 9	<b>10</b>

<b>Part XII    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .		<b>2a</b>
<b>b</b>	Donated services and use of facilities . . . . .		<b>2b</b>
<b>c</b>	Recoveries of prior year grants . . . . .		<b>2c</b>
<b>d</b>	Other (Describe in Part XIV) . . . . .		<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .		<b>4a</b>
<b>b</b>	Other (Describe in Part XIV) . . . . .		<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total Revenue   Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

<b>Part XIII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .		<b>2a</b>
<b>b</b>	Prior year adjustments . . . . .		<b>2b</b>
<b>c</b>	Other losses . . . . .		<b>2c</b>
<b>d</b>	Other (Describe in Part XIV) . . . . .		<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .		<b>4a</b>
<b>b</b>	Other (Describe in Part XIV) . . . . .		<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total expenses   Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

<b>Part XIV    Supplemental Information</b>		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUND IS USED PRIMARILY FOR STUDENT SCHOLARSHIPS AND STUDENT LOANS. WHILE SCHEDULE D, PART V, LINE 1D SHOWS THAT NOTHING WAS DISTRIBUTED OUT OF THE ENDOWMENT FUND DURING THE ORGANIZATION'S FISCAL YEAR FOR SCHOLARSHIPS AND LOANS, THIS IS BECAUSE THE ORGANIZATION FUNDED THOSE AMOUNTS OUT OF ITS OPERATING BUDGET TO PRESERVE THE CORPUS OF THE ENDOWMENT FUND AND ALLOW IT TO GROW FOR FUTURE USE. AS DISCLOSED ON SCHEDULE I, PART III, THE ORGANIZATION FUNDED 106 SCHOLARSHIPS IN THE AGGREGATE AMOUNT OF \$679,330 OUT OF ITS OPERATING REVENUE.
UNCERTAIN TAX POSITIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public  
Inspection

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

	YES	NO
<b>1</b> 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?	Yes	
<b>2</b> 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?	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain THE FOLLOWING LANGUAGE IS USED IN OUR UNIVERSITY CATALOG, ADMISSION MATERIAL, AND ON THE ADMISSIONS WEBSITE KCUMB IS COMMITTED TO PROVIDING AN ACADEMIC AND EMPLOYMENT ENVIRONMENT IN WHICH STUDENTS AND EMPLOYEES ARE TREATED WITH COURTESY, RESPECT AND DIGNITY IT IS THE POLICY OF THE UNIVERSITY THAT NO STUDENT SHALL, BECAUSE OF GENDER, RACE, COLOR, CREED, HANDICAP OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFIT OF OR BE SUBJECT TO DISCRIMINATION IN ANY PROGRAM SPONSORED BY THE UNIVERSITY INQUIRIE REGARDING COMPLIANCE MUST BE DIRECTED TO THE EXECUTIVE VICE PRESIDENT FOR INSTITUTIONAL DEVELOPMENT, AND EXECUTIVE DEAN, GRADUATE STUDIES, W IS THE COORDINATOR OF THE UNIVERSITYS NON-DISCRIMINATION PROGRAM	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges?  <b>b</b> Admissions policies?  <b>c</b> Employment of faculty or administrative staff?  <b>d</b> Scholarships or other financial assistance?  <b>e</b> Educational policies?  <b>f</b> Use of facilities?  <b>g</b> Athletic programs?  <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
<b>7</b> 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," explain on Schedule O (Form 990)	Yes	

## Statement of Activities Outside the United States

OMB No 1545-0047

# 2009

## Open to Public Inspection

Name of the organization

Kansas City University of Medicine and Biosciences

Employer identification number

44-0545280

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean				SEE PART IV	
Central America and the Caribbean			Program Services	SEE PART IV	47,717
<b>Totals . . . . . ▶</b>					47,717

[illegible]**Schedule F (Form 990) 2009**



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

[illegible]

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

**Schedule F (Form 990) 2009**

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Kansas City University of Medicine and  
Biosciences

Employer identification number  
44-0545280

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

14

3

Enter total number of other organizations . . . . .

2



Software ID:

Software Version:

EIN: 44-0545280

Name: Kansas City University of Medicine and  
Biosciences

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCORE 1 FOR HEALTH1750 INDEPENDENCE AVE KC, MO 64106	20-3773804	501(C)(3)	275,454				GENERAL OPERATIONS
ART COUNCIL OF METRO 906 GRAND KC, MO 64105	43-1840674	501(C)(3)	15,000				GENERAL OPERATIONS
BENEDICTINE COLLEGE 1020 N 2ND ST ATCHINSON, KS 66002	48-0777079	501(C)(3)	20,000				GENERAL OPERATIONS
GREATER KC CHAMBER OF COMMERCE30 W PERSHING ROAD KC, MO 64105	44-0196840	501(C)(6)	42,000				GENERAL OPERATIONS
KANSAS CITY AREA DEV COUNCIL1055 BROADWAY KC, MO 64105	43-1852671	501(C)(6)	35,000				GENERAL OPERATIONS
LYRIC OPERA1215 W 57TH TERR KC, MO 64113	44-0626124	501(C)(3)	50,000				GENERAL OPERATIONS
STARLIGHT THEATER4600 STARLIGHT RD KC, MO 64130	44-0552079	501(C)(3)	52,500				GENERAL OPERATIONS
UNITED WAY1080 WASHINGTON KC, MO 64105	44-0545812	501(C)(3)	75,800				GENERAL OPERATIONS
GREATER KC COMMUNITY FOUNDATION30 W PERSHING ROAD KC, MO 64108	43-1552398	501(C)(3)	6,000				GENERAL OPERATIONS
SWOPE HEALTH FOUNDATION3801 BLUE PARKWAY KC, MO 64103	43-1497518	501(C)(3)	10,000				GENERAL OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWHOUSEPO BOX 240019 KC, MO 64124	43-0962293	501(C)(3)	15,000				GENERAL OPERATIONS
JEWISH COMMUNITY5801 W 115TH OVERLAND PARK, KS 66211	43-6049281	501(C)(3)	30,000				GENERAL OPERATIONS
CENTER FOR PRACTICAL 1111 MAIN STREET KC, MO 64105	48-0985815	501(C)(3)	25,000				GENERAL OPERATIONS
AMERICAN HEART ASSOCATIONPO BOX 4002902 DES MOINES,IA 50318	13-5613797	501(C)(3)	10,000				GENERAL OPERATIONS
BOY & GIRLS CLUB6301 ROCKHILL RD KC, MO 64131	43-6072065	501(C)(3)	10,000				GENERAL OPERATIONS
TMC CHARITABEL FOUNDATION2310 HOLMES KC, MO 64108	43-1194064	501(C)(3)	25,000				GENERAL OPERATIONS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Kansas City University of Medicine and Biosciences

Employer identification number

44-0545280

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD K HOFFINE	(i) (ii)	362,047 0	198,065 0	40,934 0	24,500 0	21,605	647,151 0	0 0
DOUGLAS C DALZELL	(i) (ii)	279,103 0	168,141 0	77,420 0	24,500 0	10,677 0	559,841 0	0 0
MARY PAT WOHLFORD WESSELS	(i) (ii)	221,742 0	44,524 0	10,009 0	28,910 0	11,000 0	316,185 0	0 0
DARIN L HAUG DO	(i) (ii)	330,038 0	197,759 0	17,088 0	37,340 0	23,888 0	606,113 0	0 0
G MICHAEL JOHNSTON	(i) (ii)	221,729 0	0 0	3,173 0	22,455 0	24,116 0	271,473 0	0 0
JOSEPH M YASSO JR	(i) (ii)	212,399 0	0 0	2,534 0	21,424 0	23,871 0	260,228 0	0 0
JOHN DOUGHERTY	(i) (ii)	302,340 0	0 0	1,667 0	11,827 0	23,805 0	339,639 0	0 0
NEHAD EL-SAWI	(i) (ii)	212,602 0	0 0	6,008 0	21,362 0	10,112 0	250,084 0	0 0
KAREN L PLETZ	(i) (ii)	550,645 0	684,127 0	94,841 0	24,500 0	12,063 0	1,366,176 0	0 0
VERGIL J GUILLORY	(i) (ii)	233,949 0	0 0	804 0	23,395 0	21,966 0	280,114 0	0 0
DENISE K KAISER	(i) (ii)	160,059 0	0 0	0 0	15,852 0	9,216 0	185,127 0	0 0
SHERYL L LUSTER	(i) (ii)	169,041 0	0 0	0 0	16,412 0	22,378 0	207,831 0	0 0
BECKY G TALKEN	(i) (ii)	137,302 0	0 0	440 0	13,540 0	22,095 0	173,377 0	0 0
DAWN M ROHRS	(i) (ii)	120,046 0	0 0	0 0	12,005 0	19,558 0	151,609 0	0 0
KEVIN D TREFFER	(i) (ii)	201,194 0	0 0	617 0	19,470 0	23,313 0	244,594 0	0 0



Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPENSE REIMBURSEMENT	SCHEDULE J, PART I, LINE 1	Karen L. Pletz received first-class travel, travel for companions, and health or social club dues. First class travel is not required to be included on the W-2. Companion travel and the health or social club dues were included as taxable compensation on her W-2. Douglas C. Dalzell, Richard K. Hoffine, and Darin L. Haug, D.O., received health or social club dues which were included as taxable compensation on their W-2's.
SUBSTANTIATION OF EXPENSES	SCHEDULE J, PART I, LINE 2	The Organization does require substantiation before expenses were reimbursed but as set forth in Schedule L certain expenses of the CEO were reimbursed because the reports were falsified.
CEO COMPENSATION	SCHEDULE J, PART I, LINE 3	As discussed in Schedule L and in Part VI, Line 15, the Organization did follow the rebuttable presumption and certain other procedures in setting the CEO's compensation, including the items checked on Line 3, but the Organization has since learned that the comparability data in the compensation consultant's report may have been based, in part, on misrepresentations made by the CEO to the compensation consultant.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	KAREN L. PLETZ \$56,768 RICHARD K. HOFFINE \$51,232 MARY PAT WOHLFORD WESSELS \$20,000 DARIN L. HAUG D.O. \$20,000

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047  

2009

Open to Public Inspection

Name of the organization  
Kansas City University of Medicine and Biosciences

Employer identification number  
44-0545280

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE SCHEDULE O					

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

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SCHEDULE O  
(Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
Kansas City University of Medicine and Biosciences

Employer identification number  
44-0545280

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	KCUMB IS A COMMUNITY OF PROFESSIONALS COMMITTED TO EXCELLENCE IN THE EDUCATION OF HIGHLY QUALIFIED STUDENTS IN OSTEOPATHIC MEDICINE, THE BIOSCIENCES, BIOETHICS AND HEALTH PROFESSIONS THROUGH LIFE-LONG LEARNING, RESEARCH AND SERVICE. KCUMB CHALLENGES FACULTY, STAFF, STUDENTS AND ALUMNI TO IMPROVE THE WELL-BEING OF THE DIVERSE COMMUNITY IT SERVES.

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

Identifier	Return Reference	Explanation
MATERIAL DIVERSION OF ORGANIZATION'S ASSETS	FORM 990, PART VI, SECTION A, LINE 5	AS REPORTED IN SCHEDULE L, THE ORGANIZATION BELIEVES THAT THERE HAS BEEN A MATERIAL DIVERSION OF THE ORGANIZATION'S ASSETS BY THE CEO, KAREN PLETZ. THE ORGANIZATION IS TREATING THE EXCESS BENEFIT TRANSACTIONS REPORTED IN SCHEDULE L AS A MATERIAL DIVERSION AS DISCLOSED ON SCHEDULE L. THE ORGANIZATION HAS FILED A LAWSUIT AGAINST THE CEO TO RECOVER THE DIVERTED ASSETS.

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, SECTION A, LINE 4	SUMMARY OF SIGNIFICANT CHANGES TO THE ARTICLES OF INCORPORATION: THE BOARD AMENDED AND RESTATED ITS ARTICLES OF INCORPORATION ON MAY 6, 2010 TO UPDATE THEM WITH CURRENT BEST PRACTICES AND ORGANIZATIONAL LANGUAGE. IN ADDITION, THE UNIVERSITY'S ARTICLES OF INCORPORATION NOW PROVIDE FOR A RANGE IN THE PERMISSIBLE NUMBER OF TRUSTEES ON THE BOARD TO ALLOW FLEXIBILITY FOR ITS MEMBERSHIP AND PROVIDE FOR INDEMNIFICATION OF THE UNIVERSITY'S OFFICERS AND TRUSTEES. SIGNIFICANT CHANGES TO THE BYLAWS: THE BOARD AMENDED THE BYLAWS TWO TIMES DURING FYE 6/30/10, AS SUMMARIZED BELOW. SUMMARY OF SIGNIFICANT APRIL 20, 2010 AMENDMENTS - BOARD MEETINGS WILL BE HELD THREE TIMES EACH YEAR. THE FREQUENCY OF BOARD MEETINGS WAS PREVIOUSLY UNSPECIFIED. - THE COMMITTEE STRUCTURE SET FORTH IN THE BYLAWS WAS REVISED TO BE CONSISTENT WITH THE NEW COMMITTEE STRUCTURE ADOPTED BY THE BOARD. IN ADDITION, THE RESPONSIBILITIES OF EACH OF THE COMMITTEES WERE REVISED TO CONFORM TO THE NEW COMMITTEE STRUCTURE. - THE AUDIT COMMITTEE WAS REDESIGNED FROM AN INDEPENDENT COMMITTEE TO A COMMITTEE OF NON-PROFIT INVESTMENT COMMITTEE. THE INVESTMENT COMMITTEE, WHICH WAS FORMERLY A SUBCOMMITTEE OF THE FINANCE COMMITTEE, WAS ELIMINATED, AND INVESTMENT RESPONSIBILITIES WERE ASSUMED BY THE RENAMED FINANCE AND INVESTMENT COMMITTEE. - THE NOMINATING COMMITTEE WAS RENAMED THE GOVERNANCE AND NOMINATING COMMITTEE AND THE BYLAWS WERE REVISED TO ADD GOVERNANCE RESPONSIBILITIES TO THIS COMMITTEE'S DUTIES AND RESPONSIBILITIES. - TO INCREASE FINANCIAL OVERSIGHT, THE BYLAWS WERE AMENDED TO REQUIRE THE CHAIRMAN OF THE BOARD TO APPROVE THE PRESIDENT'S EXPENSES IN EXCESS OF \$10,000, AND TO REQUIRE THE PRESIDENT TO APPROVE AN EXECUTIVE VICE PRESIDENT'S EXPENSES IN EXCESS OF \$10,000 AND REPORT THE EXPENSES TO THE CHAIRMAN OF THE BOARD. THE CHAIRMAN OF THE BOARD MUST PERFORM A MONTHLY REVIEW OF ALL EXPENSES OF THE PRESIDENT AND THE EXECUTIVE VICE PRESIDENTS. SUMMARY OF SIGNIFICANT JUNE 23, 2010 AMENDMENTS: THE JUNE 23, 2010 SIGNIFICANT CHANGES TO THE BYLAWS WERE CLARIFYING AMENDMENTS, AS FOLLOWS - SPECIFIED THAT THE PRESIDENT IS AUTHORIZED TO ENGAGE OUTSIDE ADVISORS - CLARIFIED THAT THE PRESIDENT AND VICE PRESIDENT EXPENSES SUBJECT TO FREE APPROVAL ARE OUT-OF-POCKET EXPENSES.

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	IT IS THE POLICY OF THE ORGANIZATION TO HAVE ITS AUDIT COMMITTEE CONDUCT A REVIEW OF THE FORM 990 DURING ITS PREPARATION BY AN OUTSIDE ACCOUNTANT WITH THE ASSISTANCE OF THE ORGANIZATION'S GENERAL COUNSEL, OFFICERS AND STAFF. THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL THE MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE IRS. FOR THE TAX YEAR BEING REPORTED, THE 990 WAS REVIEWED BY BOTH THE AUDIT COMMITTEE AND THE BOARD BEFORE IT WAS FILED WITH THE IRS AND A FINAL COPY WAS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

Identifier	Return Reference	Explanation
MONITORING OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION SENDS OUT A QUESTIONNAIRE TO TRUSTEES AND OFFICERS ON AN ANNUAL BASIS TO IDENTIFY POTENTIAL CONFLICTS. THE AUDIT COMMITTEE IS CHARGED WITH THE RESPONSIBILITY TO ENSURE THAT THE QUESTIONNAIRES ARE DISTRIBUTED, REVIEWED AND MONITORED. THE AUDIT COMMITTEE ALSO WILL ENSURE THAT THE ORGANIZATION COMPLIES WITH ITS CONFLICTS OF INTEREST POLICY.

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A & 15B	THE ORGANIZATION COMPLIED WITH THE REBUTTABLE PRESUMPTION BECAUSE: (1) THERE WAS AN INDEPENDENT COMMITTEE REVIEW OF COMPENSATION, (2) COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT WAS OBTAINED AND REVIEWED BY THE COMMITTEE, AND (3) THE COMPENSATION DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MINUTES. HOWEVER, THE ORGANIZATION SUBSEQUENTLY DISCOVERED THAT THE DATA MAY NOT HAVE BEEN BASED ON PROPER COMPARABLE ORGANIZATIONS DUE TO MISREPRESENTATIONS FROM THE CEO TO THE COMPENSATION CONSULTANT. FURTHER, WHILE AN INDEPENDENT COMMITTEE Hired a separate and independent compensation consultant to conduct a separate review of compensation and expense reimbursements without the knowledge or approval of the board or committee. ALL OF THIS IS MORE FULLY DESCRIBED IN SCHEDULE L.

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST, AND ON ITS WEBSITE. PORTIONS OF THE FINANCIAL STATEMENTS CONTAIN CONFIDENTIAL INFORMATION WHICH IS NOT DISCLOSED, BUT THE INFORMATION FROM THE STATEMENTS REGARDING INCOME, EXPENSE, AND ASSETS AND LIABILITIES IS REFLECTED IN PARTS VII, (K) AND (X) OF THIS FORM 990.

Identifier	Return Reference	Explanation
DIRECTOR AND OFFICER ADDITIONAL INFORMATION	FORM 990, PART VII, COLUMN A	KAREN L. PLETZ, PRESIDENT & TRUSTEE TERM ENDED 12/18/2009. RICHARD K. HOFFINE, EXECUTIVE VICE PRESIDENT TERM ENDED 12/31/2009. DOUGLAS C. DALZELL, EXECUTIVE VICE PRESIDENT TERM ENDED 12/31/2009. KESTER J. NEDD, DO TRUSTEE TERM ENDED 04/20/10. ROSHANN S. PARRIS, TRUSTEE TERM ENDED 04/20/10. LINDA FALK, CFO OFFICER HIRE DATE 2/15/2010. TERM ENDED 6/18/2010. SUSAN STANTON, EXECUTIVE ADMINISTRATIVE OFFICER HIRE DATE 2/15/2010. TERM ENDED 6/18/2010. FRED CORNWELL, INTERIM CONTRACTED CFO. CONTRACTED START DATE 6/18/2010. HOWARD D. WEAVER, DO TRUSTEE & TRUSTEE HIRE DATE 12/18/2009.

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS	SCHEDULE L, PART I, LINE 1	A. Karen Pletz 1. False Expense Reports (a) As reported in the Form 990 for FYE 6/30/09, serious allegations of misconduct by the Organization's President and CEO, Karen Pletz ("CEO"), were brought to the attention of the Organization's Board of Trustees ("Board") on October 20, 2009, including that the CEO was providing false information to the Internal Revenue Service ("IRS"). That same day, the Board appointed a Special Committee to conduct an investigation into the allegations and the Board hired independent legal counsel, which had no prior professional ties to the CEO and her management team and was knowledgeable about the special responsibilities of nonprofit institutions, to represent the Organization and assist the Special Committee with its investigation. The Special Committee's investigation revealed that the CEO defrauded the Organization over a period of several years and used the Organization's assets for her personal benefit and to detriment of the Organization. In the FYE 6/30/09 Form 990, the Organization indicated that the investigation was ongoing but that as of May 1, 2010, it had uncovered the following known false expenses: FYE AMOUNT 6/30/09 \$ 49,264.31 6/30/08 \$ 41,333.56 6/30/07 \$ 28,480.49 6/30/06 \$ 10,716.70 6/30/05 \$ 8,951.23 6/30/04 \$ 3,459.42 TOTAL \$124,205.31 In each case, the Organization paid for or reimbursed the CEO for expenses based on representations by the CEO on her expense reports that the expenses furthered the Organization's exempt activities. The Special Committee's investigation revealed that a majority of information submitted by the CEO to justify these charges were materially false. The Special Committee determined that these expenses, whether paid by the Organization or reimbursed to the CEO, were for personal travel, entertainment and meals, and in connection with that, the CEO submitted false documents to justify the expenses and/or obtain reimbursement from the Organization under false pretenses. (b) Additional Investigation: Due to the discovery of false expense reports not disclosed in the Form 990, the Special Committee's investigation expanded to include other expense reports. In the FYE 6/30/09 Form 990, the Organization reported that, to the extent additional false expense reports were found, they would be disclosed as additional excess benefit transactions on a future Form 990 or through an amendment to that FYE 6/30/09 Form 990. The additional investigation of the CEO by the Special Committee revealed that a high percentage of the charges submitted by the CEO as business expenses were either wholly fraudulent or not for a business purpose. Given this high percentage of expense reports that contained false information, the Organization has taken the position in its lawsuit filed against the CEO, Kansas City University of Medicine and Biosciences v. Karen L. Pletz filed in the Circuit Court of Jackson County Missouri on March 22, 2010 ("Lawsuit"), that the CEO may have collected as much as \$1,276,049 from the Organization through false expense reports for the period from July 1, 2001 to November 30, 2009 relating to false travel and entertainment expenses, with an additional \$872,652 of false travel and entertainment expenses charged to the Organization corporate credit cards by the CEO during that period. These amounts equal the total amount of expense report reimbursements and CEO expenditures using the corporate credit cards submitted during the time frame of July 1, 2001 through November 30, 2009 as detailed below. These amounts do not include the reimbursements and credit card charges attributable to charitable contributions. Total Excess Benefits for Form 990/10 Fiscal Year Expenses Corporate Credit Card Total 2002 \$ 279,350 2006 \$ 155,459 88,724 254 183 2007 \$ 240,748 172,466 403,214 2008 \$ 218,921 100,377 319,298 2009 \$ 169,133 115,975 285,108 2010 \$ 59,662 34,730 94,392 TOTAL \$ 1,276,049 872,652 2,165,701 The exact amount of false expenses are unknown at this time. If additional information becomes available on the exact amount of false expenses determined in the Lawsuit or through further investigation, it will be disclosed in a future Form 990 or through an amendment to this FYE 6/30/10 Form 990 filing. Further, in paragraph 14 of the Indictment filed against the CEO in the United States District Court for the Western District of Missouri on March 30, 2011 ("Indictment"), it stated that "An audit conducted by the Tax Exempt Government Entities Division (TEGE) determined that for the years 2006 through 2009, the CEO received unreported income from disallowed travel and entertainment claims totaling \$1,074,917, leading to a tax loss to the United States of at least \$280,000." The IRS did not provide the Organization with the detail to arrive at this \$1,074,917 amount so it is unable to report which travel and entertainment expenses have already been disallowed by the IRS as referenced in the Indictment. 2. Compensation: It was reported in the FYE 6/30/09 Form 990 that in addition to the false expense reports, the CEO received unauthorized and excessive compensation. (a) Unauthorized Stipends: In the FYE 6/30/09 Form 990, the Special Committee identified unauthorized compensation paid to the CEO totaling \$780,000 for the following years: FYE AMOUNT 6/30/09 \$195,000 6/30/08 \$195,000 6/30/07 \$195,000 6/30/06 \$195,000 TOTAL \$780,000.

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS CONTINUED	SCHEDULE L, PART I, LINE 1	The unauthorized compensation payments for FYE 6/30/06 to 6/30/09 were disclosed as excess benefit transactions in the FYE 6/30/09 Form 990. The CEO allowed minutes of meetings of the Organization's Executive Committee that never occurred to be prepared and placed in the minute books. These fraudulent minutes purport to approve additional lump sum stipend payments to the CEO, over and above her regular compensation. The CEO took the stipends knowing that this additional compensation was never disclosed to nor approved by the Board. In the FYE 6/30/09 Form 990, the Organization indicated that it would continue to investigate years prior to FYE 6/30/06 to determine whether unauthorized stipends were paid in those years. In the FYE 6/30/09 Form 990, the Organization stated that it was possible that the stipends paid in those years also were not authorized. The stipends paid were as follows: FYE AMOUNT 6/30/05 \$195,000 6/30/04 \$193,000 6/30/03 \$132,000 6/30/02 \$174,000 TOTAL \$694,000 The Organization has now concluded that the stipends for FYE 6/30/02 to 6/30/05 for a total of \$694,000 were unauthorized. In addition, an unauthorized stipend of \$42,000 was paid in FYE 6/30/00. Thus, the amount of unauthorized stipends for years from FYE 6/30/00 to 6/30/09 that constitute excess benefit transactions totals \$1,516,000. There also were unauthorized stipends paid in the current FYE 6/30/10. These stipend amounts that constitute excess benefit transactions equal \$150,000. (b) Excessive Compensation: Due to Compensation with Potentially Non-Comparable Organizations: In the FYE 6/30/09 Form 990, the Organization reported that it followed the "rebuttable presumption of reasonableness" in setting compensation for its CEO. In FYE 6/30/09: As part of the process, the independent Compensation Committee of the Board received an annual report from an independent compensation consultant setting forth proposed salary ranges for the CEO. The salary ranges were presented to the board and committees as proper comparable compensation numbers paid by similar organizations for similar positions. At least some of these reports were provided to the Organization's then legal counsel, a national law firm, who on at least one occasion signed off on the compensation consultant report. The Special Committee subsequently discovered that the CEO made misrepresentations to the compensation consultant regarding her actual duties and the real operations of the Organization as compared to a person in similar positions at similar institutions. In the FYE 6/30/09 Form 990, the Organization reported that while the investigation was still ongoing, the Organization believed that these CEO misrepresentations may have contributed to the compensation consultant's use of inflated comparable compensation numbers in establishing the CEO compensation ranges and in rendering its determination that the CEO's compensation was reasonable. The results was that the Organization likely paid excessive compensation to the CEO. In addition, the consultant did not include the unauthorized stipends discussed above in the compensation analysis. In the FYE 6/30/09 Form 990, the Organization also indicated that to the extent the Organization determined that excess compensation was paid, the excess amount would be disclosed in a future Form 990 or through an amendment to this Form 990. This investigation has continued after the filing of FYE 6/30/09 Form 990 and it is believed that excessive compensation may have been paid to the CEO in one or more years relating to these misrepresentations, but the amount of excessive compensation still has not been determined. Therefore, there is no additional information to be reported as of the date of the filing of this FYE 6/30/10 Form 990. It is one of many allegations contained in the Lawsuit and to the extent additional information becomes available, it will be disclosed in a future Form 990 or through an amendment to this FYE 6/30/10 Form 990. (c) Inflated Incentive Plan Bonuses: In the FYE 6/30/09 Form 990, the Organization reported that from 2000 through 2009, the CEO and other executives were eligible to receive bonuses under a performance-based incentive compensation plan. It was also reported in the FYE 6/30/09 Form 990 that in 2006 and 2007, the CEO manipulated and falsified performance results in order to increase her incentive compensation under the plan. There is no additional information to be reported as of the filing date of this FYE 6/30/10 Form 990. The investigation is still ongoing and this allegation is contained in the Lawsuit. If the exact amount of any excess compensation is determined relating to the inflated incentive plan bonuses, it will be disclosed in a future Form 990 or through an amendment to this FYE 6/30/10 Form 990. (d) Charitable Contributions: In the FYE 6/30/09 Form 990, the Organization reported that the CEO directed hundreds of thousands of dollars of Organization's assets be donated, often in her personal name or to pay her personal pledges, to other nonprofit corporations. In the FYE 6/30/09 Form 990, the Organization reported that in 2005 and 2006, the CEO made personal donations of approximately \$45,000 to Benedictine College, ostensibly in connection with her status as a member of the Board of Directors of that institution. The CEO had the Organization reimburse her for those personal donations to Benedictine College without the knowledge and consent of the Organization's Board of Trustees. In 2003 and 2004, the Organization reimbursed the CEO for \$35,000 of contributions to Benedictine College. These reimbursements were made without the knowledge and consent of the Organization's Board of Trustees. The CEO did not direct the Organization to include the amounts personally reimbursed to her for her personal contributions and commitments to Benedictine College or that were made through the Organization's Board of Directors on her behalf to be included in her personal income for these years. It also was reported in the FYE 6/30/09 Form 990 that the CEO joined the United Way's Tocqueville Society, a fundraising arm of the United Way. Membership in the Tocqueville Society is limited to individual donors. In 2005-2009, the CEO made personal commitments and pledges in the amounts of \$30,000 (2005), \$40,000 (2006), \$50,000 (2007), \$75,000 (2008) and \$75,800 (2009). The CEO then directed the Organization, without the knowledge of the Organization's Board of Trustees, to pay her personal pledges to the Tocqueville Society, which totaled over \$270,800 over the five year period. The CEO did not direct the Organization to include the amounts paid to the United Way by the Organization for her personal pledges and commitments to the Tocqueville Society in her personal income for these years. In the FYE 6/30/09 Form 990, the amounts of these charitable contributions (which total \$350,800) that were reimbursed to the CEO, or paid on her behalf to fulfill her personal pledges, were disclosed as excess benefit transactions. The Organization also indicated in the FYE 6/30/09 Form 990 that the special investigation was ongoing and, to the extent that additional charitable contributions were discovered that constitute excess benefit transactions, they would be disclosed on future Form 990 or through an amendment to FYE 6/30/09 Form 990. The investigation continues through the Lawsuit and proceedings. The following additional information was discovered after the FYE 6/30/09 Form 990 filing.

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS CONTINUED	SCHEDULE L, PART I, LINE 1	The additional information is from the United States government's investigation of the CEO's false charitable contributions. The Indictment of the CEO stated "It was further of the scheme and artifice that Pletz signed and filed materially false Forms 1040 for tax years 2003 through 2006. These personal returns falsely claimed itemized deductions for charitable contributions on line 15 of Schedule A. Pletz had provided her tax preparer with a handwritten list of charitable deductions that she intended to claim and intended to be approved by Pletz. Pletz will know, KJUMB, not she, made the contributions either by KJUMB check or KJUMB credit card to organizations including United Way, Lyrac Opera, Deron Cherry Foundation, Truman Medical Center, Boys & Girls Clubs, and Benedictine College. The false portions of Pletz's charitable deductions were as follows: 2003 \$ 81,250 2004 \$116,680 2005 \$160,445 2006 \$207,253 After the Internal Revenue Service ("IRS") audited Pletz's personal tax returns for tax years 2005 and 2006, she filed amended returns for those years, drastically reducing her charitable contributions. For 2005, she reduced them from \$183,546 to \$46,097, and for 2006, from \$243,503 to \$44,073." (Indictment at paragraph 15) The false charitable donations total \$565,628 for these years. Note that the contributions listed in the Indictment include contributions only for calendar years 2003-2006. The Organization reported in its FYE 6/30/09 Form 990 listed above that it also either reimbursed the CEO or paid her personal pledges for charitable contributions made in years after 2006 in addition to the years reported in the Indictment. By combining the \$565,628 of contributions for 2003-2006 listed in the Indictment with the false charitable contributions for 2007-2009 that represent either reimbursed amounts to the CEO or payment of her personal pledges listed above, the total false charitable contributions total at least \$766,428 for the period from 2003-2009 (\$565,628 reported in the Indictment, plus \$200,800 for the 2007-2009. Tocqueville Society donations reported above in the FYE 6/30/09 Form 990). The Organization does not have the detail from the Indictment to determine if the donations reported in the Indictment overlap with the false charitable contribution information for 2003-2006 reported in the FYE 6/30/09 Form 990 listed above. If an exact excess benefit transactions amount attributable to false charitable contributions and reimbursements is determined, it will be disclosed in a future Form 990 or through an amendment to this FYE 6/30/10 Form 990. 3. Organization Managers: (a) False Expense Reports: As reported in the FYE 6/30/09 Form 990, the CEO's own misconduct and lack of supervision encouraged Douglas Dalzell ("Executive Dean") and Richard Hoffine ("COO"), both of whom were "organization managers" of the Organization, to disregard their own duties of good faith, due care, honesty, obedience to the mission and loyalty to the Organization and its Board. The CEO's misconduct and her encroachment of misconduct by the Executive Dean and COO caused a situation in which, while the Executive Dean and the COO were aware of these expenditures, they did nothing to bring these issues to the attention of the Board. The Organization also indicated on the FYE 6/30/09 Form 990 that the investigation is still ongoing, and to the extent the Organization determines that the COO and Executive Dean "knowingly participated" in the excess benefit transaction, it will be disclosed on a future Form 990 or through an amendment to this Form 990. This investigation continues and there is no additional information to be reported on this matter as of the date of this FYE 6/30/10 Form 990 filing. (b) Unauthorized Stipends: It was reported in the FYE 6/30/09 Form 990, no other "organization manager" (other than the CEO) knowingly participated in the expense reimbursements knowing they were excess benefit transactions. During the periods in question, neither the Board nor any committee reviewed individual expense reports, nor is such board or committee review common or customary. Further, even if they did review the reports, they would not have been able to discover that the information reported on the expense reports was fraudulent. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (c) Unauthorized Stipends: It was reported in the FYE 6/30/09 Form 990 that the Organization is not aware of any "organization manager" (other than the CEO) that the Organization is not aware of any "organization manager" (other than the CEO) who knowingly participated in the inflated incentive bonuses knowing it was an excess benefit transaction. The Board and its committees were not aware of nor did they authorize the unauthorized stipends. The CEO obtained the unauthorized stipends through fraudulent minutes of meetings that never occurred. The CEO took the stipends knowing that the additional compensation was never disclosed to nor approved by the Board. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (c) Excessive Compensation: It was reported in the FYE 6/30/09 Form 990 that the Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in establishing the potentially excessive compensation. The Board and its committees relied on reports from an independent compensation consultant that the Board and the committees believed to contain accurate information. Unbeknownst to the Board and its committees, the CEO misrepresented her actual duties and the real operations of the Organization as compared to a person in similar positions at similar institutions in order to justify inflated comparables in the compensation reports and the inflated salaries that resulted from the consultant reports. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (d) Inflated Incentive Plan Bonuses: It was reported in the FYE 6/30/09 Form 990 that the Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in the inflated incentive bonuses knowing it was an excess benefit transaction. The Board and its committees were not aware of nor did they authorize the unauthorized stipends. The CEO obtained the unauthorized stipends through fraudulent minutes of meetings that never occurred. The CEO took the stipends knowing that the additional compensation was never disclosed to nor approved by the Board. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. 4. Correction: It was reported in the FYE 6/30/09 Form 990 that the CEO manipulated and falsified performance results in order to increase her incentive compensation under the plan. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. 5. Use of Organization Property: Reports and Time for Run-For-Profit Businesses: As reported on the FYE 6/30/09 Form 990, the CEO allowed and fostered an atmosphere in the executive offices of "anything goes," which included employees using Organization property, staff, supplies and time to run personal for-profit businesses outside of the Organization when they should have been engaged in Organization business. For example, the Executive Dean operated several family-owned restaurants out of the Organization using the Organization's internal auditor to keep the restaurant books on the Organization's computers. The investigation is ongoing, and to the extent the Special Committee determines any excess benefit transaction resulted, it will be disclosed on a future Form 990 or through an amendment to this FYE 6/30/10 Form 990. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. 6. Organization Managers: (a) False Expense Reports: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO) who knowingly participated in establishing the potentially excessive compensation. The Board and its committees relied on reports from an independent compensation consultant that the Board and the committees believed to contain accurate information. Unbeknownst to the Board and its committees, the CEO misrepresented the real operations of the Organization and what types of other organizations were comparable organizations in order to justify inflated comparables in the compensation reports and the inflated salaries that resulted from the consultant reports. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (b) Unauthorized Stipends: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in the inflated incentive bonuses knowing it was an excess benefit transaction. The Board and its committees were not aware of nor did they authorize the unauthorized stipends. The CEO obtained the unauthorized stipends through fraudulent minutes of meetings that never occurred. The CEO took the stipends knowing that the additional compensation was never disclosed to nor approved by the Board. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (c) Use of Organization Property, Time and Supplies to Run For-Profit Businesses: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO, COO and Executive Dean) who knowingly participated in this activity. The Board and its committees were not aware of nor did they approve such activities. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing.

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS CONTINUED	SCHEDULE L, PART I, LINE 1	B. Hoffine & Dalzell 1. Excessive Compensation: Due to Comparison with Potentially Non-Comparable Organizations: As reported on the FYE 6/30/09 Form 990, the Organization followed the "rebuttable presumption of reasonableness" in setting compensation for its CEO. It also followed the rebuttable presumption of reasonableness for Richard Hoffine ("COO") and Douglas Dalzell ("Executive Dean"). As part of the process, the independent Compensation Committee of the Board received an annual report from an independent compensation consultant setting forth proposed salary ranges for the COO and Executive Dean. The salary ranges were presented to the board and committees as proper comparable compensation numbers paid by similar organizations for similar positions. At least some of these reports were provided to the Organization's then legal counsel, a national law firm, who on at least one occasion signed off on the compensation consultant report. The Special Committee subsequently discovered that the CEO made misrepresentations to the compensation consultant regarding the real operations of the Organization and the what types of other organizations were comparable organizations. As reported on the FYE 6/30/09 Form 990, while the investigation is ongoing, the Organization believes that these CEO misrepresentations may have contributed to the compensation consultant's use of inflated comparable compensation numbers in establishing the CEO compensation ranges and in rendering its determination that the compensation paid to the COO and Executive Dean was reasonable. The result is that the Organization likely paid excessive compensation to the COO and Executive Dean in one or more years. It was reported in the FYE 6/30/09 Form 990 that the Organization hired a separate and independent compensation consultant to determine the proper level of compensation and that to the extent the Organization determines that excess compensation was paid, the excess amount will be disclosed on a future Form 990 or through an amendment to this Form 990. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. Any additional information that becomes available will be provided in future Form 990s or through an amendment to this FYE 6/30/10 Form 990. 2. Inflated Incentive Plan Bonuses: As reported on the FYE 6/30/09 Form 990, from 2000 through 2009, the COO and Executive Dean were eligible to receive bonuses under a performance-based incentive compensation plan. In 2006 and 2007, the CEO manipulated and falsified performance results in order to increase her incentive compensation under the plan, with the result that the incentive compensation of the COO and Executive Dean under the plan were also increased. It was reported in the FYE 6/30/09 Form 990, that the special investigation was still ongoing, and when the Special Committee determines the amount of any excess compensation relating to the incentive plan bonus, it will be disclosed on a future Form 990 or through an amendment to this Form 990. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. 3. Organization Managers: (a) Excessive Compensation: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO) who knowingly participated in establishing the potentially excessive compensation. The Board and its committees relied on reports from an independent compensation consultant that the Board and the committees believed to contain accurate information. Unbeknownst to the Board and its committees, the CEO misrepresented the real operations of the Organization and what types of other organizations were comparable organizations in order to justify inflated comparables in the compensation reports and the inflated salaries that resulted from the consultant reports. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (b) Unauthorized Stipends: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in the inflated incentive bonuses knowing it was an excess benefit transaction. The Board and its committees were not aware of nor did they authorize the unauthorized stipends. The CEO obtained the unauthorized stipends through fraudulent minutes of meetings that never occurred. The CEO took the stipends knowing that the additional compensation was never disclosed to nor approved by the Board. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (c) Use of Organization Property, Time and Supplies to Run For-Profit Businesses: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO, COO and Executive Dean) who knowingly participated in this activity. The Board and its committees were not aware of nor did they approve such activities. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing.

Identifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS CONTINUED	SCHEDULE L, PART I, LINE 1	5. Correction: As reported on the FYE 6/30/09 Form 990, the Special Committee has not yet determined the extent or amount, if any, of any excess benefit transaction involving the COO and Executive Dean. Because no amount, if any, has been determined, there has been no attempt to correct. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. C. Other Executives: 1. Excessive Compensation: Due to Comparison with Potentially Non-Comparable Organizations: As reported on the FYE 6/30/09 Form 990, the Organization followed the "rebuttable presumption of reasonableness" in setting compensation for its CEO. It also followed the rebuttable presumption of reasonableness for Richard Hoffine ("COO") and Douglas Dalzell ("Executive Dean"). What was not reported in the FYE 6/30/09 Form 990 is that in addition to the CEO, COO, and Executive Dean, the salaries of other executives were established using the rebuttable presumption of reasonableness for FYE 6/30/10 and prior periods. The rebuttable presumption of reasonableness procedure also was followed for FYE 6/30/10. Just as with the CEO, COO and Executive Dean, the process involved an independent Compensation Committee of the Board. The committee received an annual report from an independent compensation consultant setting forth proposed salary ranges for the CEO, COO, Executive Dean and certain other executives. The salary ranges were presented to the Board and committees as proper comparable compensation numbers paid by similar organizations for similar positions. At least some of these reports were provided to the Organization's then legal counsel, a national law firm, who on at least one occasion signed off on the compensation consultant report. The Special Committee subsequently discovered that the CEO made misrepresentations to the compensation consultant regarding the real operations of the Organization as compared to a person in similar positions at similar institutions in order to justify inflated comparables in the compensation reports and the inflated salaries that resulted from the consultant reports. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (a) Excessive Compensation: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO) who knowingly participated in establishing the potentially excessive compensation. The Board and its committees relied on reports from an independent compensation consultant that the Board and the committees believed to contain accurate information. Unbeknownst to the Board and its committees, the CEO misrepresented the real operations of the Organization and what types of other organizations were comparable organizations in order to justify inflated comparables in the compensation reports and the inflated salaries that resulted from the consultant reports. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (b) Unauthorized Stipends: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO) that knowingly participated in the inflated incentive bonuses knowing it was an excess benefit transaction. The Board and its committees were not aware of nor did they authorize the unauthorized stipends. The CEO obtained the unauthorized stipends through fraudulent minutes of meetings that never occurred. The CEO took the stipends knowing that the additional compensation was never disclosed to nor approved by the Board. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing. (c) Use of Organization Property, Time and Supplies to Run For-Profit Businesses: As reported on the FYE 6/30/09 Form 990, the Organization is not aware of any "organization manager" (other than the CEO, COO and Executive Dean) who knowingly participated in this activity. The Board and its committees were not aware of nor did they approve such activities. There is no additional information to report on this matter as of the date of this FYE 6/30/10 Form 990 filing.

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV	(A) CASEY PLETZ (B) CASEY PLETZ IS THE DAUGHTER OF KAREN PLETZ WHO WAS A DIRECTOR AND OFFICER OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES DURING THE TAX YEAR (C) COMPENSATIONS \$40,611. BENEFITS \$6,183 (D) CASEY PLETZ IS AN EMPLOYEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES (E) NO (A) MARGARITA DALZELL (F) MARGARITA DALZELL IS THE DAUGHTER IN LAW OF DOUG DALZELL, WHO WAS AN OFFICER OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES DURING THE TAX YEAR (C) COMPENSATION \$26,576. BENEFITS \$13,531 (D) MARGARITA DALZELL IS AN EMPLOYEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES (E) NO (A) PARRIS COMMUNICATIONS, INC. (B) ROSHANN S. PARRIS WAS A TRUSTEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES DURING THE TAX YEAR AND AN OFFICER, DIRECTOR, AND OWNER OF PARRIS COMMUNICATIONS, INC. (C) \$154,484 (D) PARRIS COMMUNICATIONS, INC. PROVIDES PUBLIC RELATIONS SERVICES TO KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES (E) NO

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Kansas City University of Medicine and Biosciences

Employer identification number

44-0545280

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
INDEPENDENCE AVENUE DEV CO  1750 INDEPENDENCE AVENUE  KANSAS CITY, MO 64106 43-1848034	REAL ESTATE	MO	501(C)(3)	11A	NA
HEALTH POLICY INSTITUTE  1750 INDEPENDENCE AVENUE  KANSAS CITY, MO 64106 20-1138771	HEALTHCARE	MO	501(C)(4)	N/A	NA
DERON CHERRY CELEBRITY INVITATIONAL GOLF  1750 INDEPENDENT AVENUE  KANSAS CITY, MO 64106 43-1683174	FUNDRAISING	MO	501(C)(3)	11A	NA
SCORE 1 FOR HEALTH  1750 INDEPENDENCE AVENUE  KANSAS CITY, MO 64106 20-3773804	HEALTHCARE	MO	501(C)(3)	7	NA



Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MEN'S HEALTHLINK INC 1750 INDEPENDENCE AVENUE KANSAS CITY, MO64106 20-3070848	HEALTHCARE	MO	NA	C CORP	222	4,701	100 000 %
THE DR LEONARD SMITH CRAT 1750 E INDEPENDENCE AVENUE KANSAS CITY, MO64106 43-6842045	INVESTMENTS	MO	NA	TRUST	-10,940	67,418	100 000 %

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) SCORE 1 FOR HEALTH	N	266,444
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 44-0545280

Name: Kansas City University of Medicine and Biosciences

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM M DANA JR TRUSTEE	1 0	X						0	0	0
DERON L CHERRY TRUSTEE	1 0	X						0	0	0
CHERYL K DILLARD TRUSTEE	1 0	X						0	0	0
PAUL W DYBEDAL DO TRUSTEE	1 0	X						0	0	0
KESTER J NEDD DO SEE SCHEDULE O	1 0	X						0	0	0
ROSHANN S PARRIS SEE SCHEDULE O	1 0	X						0	0	0
CYNTHIA MORRIS DO TRUSTEE	1 0	X						0	0	0
TERRENCE P DUNN TRUSTEE	1 0	X						0	0	0
CARLA C DURYEE TRUSTEE	1 0	X						0	0	0
FREDERICK G FLYNN DO TRUSTEE	1 0	X						0	0	0
T NELSON MANN SECRETARY & TRUSTEE	1 0	X		X				0	0	0
DARWIN J STRICTLAND DO VICE CHAIRMAN & TRUSTEE	1 0	X		X				0	0	0
HOWARD D WEAVER DO SEE SCHEDULE O	40 0	X		X				0	0	0
KAREN L PLETZ SEE SCHEDULE O	40 0	X		X				1,329,613	0	36,563
RICHARD K HOFFINE SEE SCHEDULE O	40 0			X				601,046	0	46,105
DOUGLAS C DALZELL SEE SCHEDULE O	40 0			X				524,664	0	35,177
MARY PAT WOHLFORD WESSELS EVP OF RESEARCH & INST EFF	40 0			X				276,275	0	39,910
DARIN L HAUG DO EVP OF ACADEMIC & MED AFFAIRS	40 0			X				544,885	0	61,228
VERGIL J GUILLORY VP FOR RESEARCH	40 0			X				234,753	0	45,361
LINDA FALK SEE SCHEDULE O	40 0			X				0	0	0
SUSAN STANTON SEE SCHEDULE O	40 0			X				0	0	0
FRED CORNWELL SEE SCHEDULE O	40 0			X				0	0	0
DENISE K KAISER VP OF MARKETING & COMM	40 0			X				160,059	0	25,068
SHERYL L LUSTER VP FOR ADVANCEMENT	40 0			X				169,041	0	38,790
LEANN K CARLTON VP OF STUDENT AFFAIRS	40 0			X				107,476	0	29,832



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN J PHIPPS VP FOR ADMISSIONS	40 0			X				122,987	0	22,167
JAMES E PARK VP FOR FINANCE & ADMIN	40 0			X				105,263	0	30,359
BECKY G TALKEN CIO	40 0			X				137,742	0	35,635
DAWN M ROHRS ASSISTANT VP FOR HR	40 0			X				120,046	0	31,563
VICKIE S KEENEY CONTROLLER	40 0			X				94,349	0	18,656
CONNIE J BOYD CORPORATE BOARD SECRETARY	40 0			X				109,932	0	10,244
BRIAN T REESE ASST CORP BOARD SECRETARY	40 0			X				90,455	0	17,908
G MICHAEL JOHNSTON PROFESSOR DEPARTMENT CHAIR	40 0					X		224,902	0	46,571
JOSEPH M YASSO JR ASSOCIATE PROFESSOR/CHAIR	40 0					X		214,933	0	45,295
JOHN DOUGHERTY PROFESSOR/DEPT CHAIR FAMILY	40 0					X		304,007	0	35,632
NEHAD EL-SAWI PRES KCUMB MEDICAL EDUCATION	40 0					X		218,610	0	31,474
KEVIN D TREFFER ASSOCIATE PROFESSOR	40 0					X		201,811	0	42,783

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EDUCATION	1,982,173	1,961,968	17,571	2,634
PUBLIC RELATIONS	127,547	55,964	358	71,225
DUES & SUBSCRIPTIONS	847,413	689,812	136,728	20,873
STUDENT FUNCTIONS	952,524	464,516	79,008	409,000
MISCELLANEOUS	1,122,994	753,850	220,053	149,091