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Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

nter	nal Reve	nue Service	The organization may have to use a copy of this return to satisfy state rep	orting requ	rements.	inspection	
1	For th	ne 2009 ca	lendar year, or tax year beginning 07/01 , 2009, and ending	06	/30	, 20 10	
3 (Check if	applicable	Please C Name of organization KANSAS WESLEYAN UNIVERSITY		D Employ	yer identification nu	mber
_		change	use IRS Doing Business As		48	0543729	
\neg	Name c	•	print or Number and street (or P.O box if mail is not delivered to street address) Room/suite		E Teleph	one number	
\neg		-	type See 100 E Claflin Ave	- 1	(785)	827-5541	
\neg	Initial re -		Specific City or town, state or country, and ZIP + 4		, , , , , , , , , , , , , , , , , , ,	(UN)	
_	Termina		Instruc- tions Salina, KS 67401-6196		G Gross re	eceipts \$ 14,692	120
₹′	Amende	ed return	F Name and address of principal officer. Wayne Schneider	·	/ m \	*	
/	Application	on pending	· · · · · · · · · · · · · · · · · · ·	1	(54)	n for affiliates? Ves	⊣No
			1000 S Marymount Road, Salina, KS 67401			included? Yes	L No
_		empt status		7 \-}\	X.i	list (see instructions	
_			rw.kwu.edu	H(c) Group e			
(Form of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation	4886	M State o	f legal domicile. KS	
Pá	art I	Summ		07/			
	1	Briefly de	scribe the organization's mission or most significant activities: Educati	ŏn:≟Unive	ersity		
	-			3			
90				<i>j</i>			
Governance				· 			
ě		Ob a al. 4bia	box ► ☐ if the organization discontinued its operations or disposed of more than 25% of	f ite not seep	 le		
ဋ္ဌ	1			i ito net asse	 	}	25
ಹ	1		of voting members of the governing body (Part VI, line 1a)		4		24
ţį	1		of independent voting members of the governing body (Part VI, line 1b)		5		352
Activities &	1		nber of employees (Part V, line 2a)		-		
ĕ			nber of volunteers (estimate if necessary)		. 6		2
			ss unfelated business revenue from Part VIII, column (C), line 12		7a		0
	b	Net unre	ated business-taxable income from Form 990-T line 34.	<u> </u>	. 7b		0
			00 2011 O	Prior Ye		Current Year	
σ.	8	Contribu	ions and grants (Part VIII dine 1h)	7	96,644	748	<u>,550</u>
Ž			service revenue (Part-VIII, Tine 2g)	11,4	15,979	11,714	<u>,050</u>
Revenue			nt income (PartlyIII,)column (A), lines (3), 4, and 7d)	-3,4	13,362	2,106	,630
Č	11	Other rev	enue-(Part-VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98,515	122	,908
			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,8	97,776	14,692	,138
			nd similar amounts paid (Part IX, column (A), lines 1–3)		0		0
			paid to or for members (Part JX, column (A), line 4)		0		0
Se			other compensation, employee benefits (Part IX, column (A), lines 5–10)	6.3	21,526	6,630	536
Š					0		,555
Expenses	1		nal fundraising fees (Part IX) column (A), line 11e)	. n. a	,		2.7.
ш	1		iraising expenses (Faight, Column (D), inte 25)		63,114	6,398	
			penses (Part IX, column (A), lines 11a-11d, 11f-24f)			13,028	
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25).		84,640		
65		Revenue	ess expenses. Subtract line 18 from line 12		86,864	1,663	,158
ğ	į		Ве	ginning of Cu		End of Year	
Fund Balances	20	Total ass	ets (Part X, line 16)		300,981	47,170	
20	21		ılitıes (Part X, line 26)	8,2	299,030	8,005	<u>,112</u>
<u> </u>	22	Net asse	s or fund balances. Subtract line 21 from line 20	37,5	01,951	39,165	,109
Pέ	art II	Sign	ature Block				
		Under pe	nalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and t	to the best of my know	wledge
		and belie	, it is true, correct, and complete Declaration of preparer (other than officer) is based on all	information (or which pr	reparer has any know	ieage
Sig	ın	N					
	re	Sign	ature of officer	Date)		
	. •	₩	yne Schneider, VP for Finance				
		Type	or print name and title				
		 	N Date Chec	k if	Preparer's	dentifying number	—
		Preparer' signature	self-		(see instruc		
aic	t	J	r empi	oyed ▶ ☐			
re	parer's	Eim's ==	mo for vours h	<u></u>		<u> </u>	
	Only	If self-em	me (or yours blooyed),	EIN	<u> </u>	<u> </u>	
		address,	and ZIP + 4 V	Phone no	> (<u>, </u>	
1a	y the	IRS disci	ss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>	. L Yes L	No
or	Priva	cy Act an	Paperwork Reduction Act Notice, see the separate instructions.	Cat No 11		Form 990	(2009)
		-		L	117.	-22	
					יווע '		

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Education - University
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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.
40	(Code:) (Expenses \$ 12,656,908 including grants of \$ 0 (Revenue \$ 14,692,138)
₩a	Education, General/Other: Instruction of nearly 900 students in undergraduate/and/graduate courses
	E/ V
	/ i \ \
	6.670
	(Q/o *
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	W.
	Elegania -
	TO No.
46	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(oods / (c.kpc.loos),

4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 12,656,908

Pa	rt 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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	1	
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	✓_	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		2.4	1.47.4
•	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.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		21112
	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.		15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	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.	Herri	ا التديية الخاء أهدائي و	- 5 A
•	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		a a a	** 5
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	表	***	4 44 24
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	100	
404	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated independent audited financial statements for the tay year? Yes No	12	∀ • ≱ ,3°,	77
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	: 1, 1, 1, 1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓ :	1
14a		14a	\vdash	V
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
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		✓
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		✓
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		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	2		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	1	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time-during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
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):	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, tribstee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000, in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange; dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. 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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	_	✓

- 6	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	,	١.	
	U.S. Information Returns. Enter -0- if not applicable		,	·
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 352	2b	-	·
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns 2	20	,	12.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	3		\$₹ 5.27
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a 3b	 -	✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	35	-	
та	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
h	If "Yes," enter the name of the foreign country. ▶		2	
	See the instructions for exceptions and filing requirements for Form TD F 90-221. Report of Foreign Bank	1.5	4 3	
	and Financial Accounts.			1 2
5a	Was the organization a party to a prohibited tax shelter transaction at any stime during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		h	, D
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ــــــــــــــــــــــــــــــــــــــ	ر. مقدمت	أعتث
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the yallue of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1	
d	If "Yes," indicate the number of Forms 8282 filed during the year	د کرد موجود	- 7	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	دها	<u>√</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
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	· ·	- 1	٠, ,
	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?			ا عمّه
_		8		
9	Sponsoring organizations maintaining donor advised funds.	 9a	-4	3
a b	Did the organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	- K	,	;
а	Initiation fees and capital contributions included on Part VIII, line 12	ية ا	(m 1)	1 2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,		()
11	Section 501(c)(12) organizations. Enter:	± -	, .	\
a	Gross income from members or shareholders	a	5.	'
b	Gross income from other sources (Do not net amounts due or paid to other sources against			+ {
	amounts due or received from them.)			لمما
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a	1	
U	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	!	اہ جا	

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		, ,	25-5
b	Enter the number of voting members that are independent		•	
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		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct	12		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	<u></u>		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	6		√
7a				
	of the governing body?	7a		✓
h	Are any decisions of the governing body subject to approval by members, stockholders or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
•	the year by the following:	- M.	45	1
а	- CL P	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		<u> </u>	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)			
			Yes	No
100	Done the everywhere have local chapters have been as off the	10a		
	Does the organization have local chapters, branches, or affiliates?	104	-	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	.	
448	form?		1" -7 2	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	<u>: (英.)</u>
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		✓
	rise to conflicts?	120	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	1	
40	describe in Schedule O how this is done	12c 13		
13	Does the organization have a written whistleblower policy?	14		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14 255.6	، دَشَائِدِهِ.	N 7 77]
15	Did the process for determining compensation of the following persons include a review and approval by	المواث أ	ST.	3
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	·	±	الأس
а	The organization's CEO, Executive Director, or top management official	15a		V
b	Other officers or key employees of the organization	15b	, (95.1	√
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	, . ·		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	- 12-	* 10	
	with a taxable entity during the year?	<u>16a</u>		<u>√</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		(高)	1
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
-	organization: ► Wayne Schneider, (785)827-5541			
	100 E Claflin Ave, Salina, KS 67401-6196			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	ompensate	any o	curre	ent	offic	cer, dı	rec			
(A)	(B)			(((E)	(F)
Name and Title	Average	Posit	ion (d	checl	c all	that app	oly)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer 💞	Key employee	Highesticompensated employee	Former)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Scott Jones Trustee	10		(2)		3			0	0	0
Robert Cousins			777	7 2			\neg			
Trustee	10	'	1	Ĵ				0	0	0
Lewis Van der Wege Trustee	10 4	J.	1					0	0	0
Rick Saylor Trustee	10	1) ~	,					0	0	0
Patricia Ault-Duell	10		V							
Trustee //	105		✓					0	0	0
Dennis Lauver Trustee	_10		✓					0	0	0
Steven Michel Trustee	10							0	0	0
John Redding	10		✓_					0	0	0
Trustee			✓			\sqcup				
Emily Richards Trustee	10		/					0	0	0
Rick Thornton	10		/					0	0	0
Trustee Paula Wright			Y			 	\dashv			
Trustee	10		✓					0	0	0
David Branda Trustee	10		/					0	0	0
Michael Fardella	10		_					0	0	0
Trustee			✓_							
June Jennison Trustee	10		/					0	0	0
Kent Lambert	10				-			0	0	0
Trustee		ļ	✓				_			
Marla Beikman Trustee	10		/					0	0	0
			<u>. 7 .</u>			<u> </u>				

Part VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	ees,	an	d Hig	hes	t Compensate	d Employees (co.	ntinued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	c Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Jeff Wells Trustee	10		✓					0	200	<u>)</u>
James Barber Trustee	10		✓					0	0 0	0
Dan Boyer Trustee	10		✓					0		0
Debora Cox Trustee	10		✓					000) 0	0
Donna McKinley Trustee	10		1					Ø0	0	0
James Nelson Trustee	10		1				*	0	0	0
Jerry Norton Trustee	10		√			(Cz)) 0	0	0
Randy St Clair Trustee	10		✓		G.	7,4	Ż	0	0	0
Wayne R Schneider Vice President	50		(2)	11.33	1	<i>-3/</i>		98,956	0	0
Fletcher Lamkin President	50		() ()	197	*			97,500	0	0
Mikey Mitchell Vice President	50	A	Ü	, _				89,267	0	0
Darin Russell Vice President	50	() () () ()		✓				89,259	0	0
1b Total	<u> </u>						>	374,982	0	0

Total number of individuals (including buttinot limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

		Y	es	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated		3.3	
	employee on line 1a? If "Yess" complete Schedule J for such individual	3		✓
4	For any individual listed on line illa, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		;; 4 ;; 1 ; 1	ا رائد ان ما استيست
	ındıvidual	4		<u>√</u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Ves." complete Schedule I for such person		-	

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
Chartwells Dining Services, PO Box 91337, Chicago, IL 60693-1337	Dining services	935,543
Preferred Health Systems, 8535 E 21st St North, Wichita, KS 67206	Insurance provider	445,877
Westar Energy, PO Box 758500, Topeka, KS 66675-8500	Electric utility	341,194
EIIA Inc, 200 South Wacker Drive, Suite 1000, Chicago, IL 60606	Insurance provider	336,632
Associated Colleges of Central Kansas, 210 S Main, McPherson, KS 67460-	Computer and educationa	256,818
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ▶6	listed above) who received	

Par	t VI	Statement of Re	venue			 	<u> </u>	<u> </u>	<u> </u>
-						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
<u></u>	-			-		<u></u>	revenue	revenue	512, 513, or 514
tributions, gifts, grants other similar amounts	1a	Federated campaigns]	1a	0				· 🖆 😘 🕹
E D	b	Membership dues		1b	0	1.	-		
ts, an	c	Fundraising events .		1c	0	. 10		, ,	5 · · · · · · · · · · · · · · · · · · ·
<u>ig</u>	d	Related organizations		1d	0		\$		- ,
Contributions, and other simi	e	Government grants (contr	ributions).	1e	192,931			4	
utio	f	All other contributions, gifts,	grants,					,	~
훈동		and similar amounts not inclu	ided above	1f	555,619				
들	l g	Noncash contributions include	ed in lines 1a-1	f. \$	5,386				
<u>O e</u>	h	Total. Add lines 1a-1f			<u> </u>	748,550		Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	
Service Revenue					Business Code			خسمه سر سخ	
Ven	2a	Educational Services			611310	11,714,050	11,714,050	0	0
æ	b	•						j	
Ķ.	C						(C)		
Program Ser	d						(2)		
	e							_	
	f	All other program servi			L. <u></u>	0	0	0	0
<u>-ā</u>	g	Total. Add lines 2a-2f	<u> </u>	·	<u>, , , , </u>	11,714,050			da in
	3	Investment income (inc	luding divid	dends	s, interest, and	1	D)	_	
		other similar amounts)			•	2,106,630	2,106,630	0	0
	4	Income from investment of	of tax-exemp	t bon	d proceeds 🕨	0,	0	0	0
	5	Royalties	 		•	((7), 0	0	0	0
			(i) Real		(ii) Personal				
	6a	Gross Rents		0	0,		1. 3 6 6 6 6	3. 4.5.	
	b	Less: rental expenses		0	0				# - j
	C	· · · · · · · · · · · · · · · · · · ·	L	0	(0)		1		
	d	Net rental income or (le				0	0	0	0
	7a	Gross amount from sales of	(i) Secuntie		(ii) Other	1211 122	1		
		assets other than inventory		0	70	13 多数经验		一計多 若等海	13 新度 (1) 1
	b	Less. cost or other basis		_		500 年 100 100 100 100 100 100 100 100 100	131 - 120 - 20,000		3 5 6 6
]	and sales expenses .		0,	~ 0	The state of the state of	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1997年
	1 -	Gain or (loss)		(0)	0				<u> </u>
	d	Net gain or (loss)			<u> </u>	0	0	0	0
enne	8a	Gross income from	fundraisin	g 🔊		illustray the of	·		
Je J		events (not including \$);~~``				1991 1 1	
Re		of contributions reporte	d on line to).			, , ,	to the second of the second	
<u>-</u>		See Part IV, line 18		а	0		The state of		T. J. 14 14 14
Other	b	Less: direct expenses	Sept Of Sept.	, b	0		فيساف ساسا فقالا		أبيمتسسمسم
O	C	Net income or (loss) from	om yunarais	ıng e	vents . •	0	<u> </u>	0	0
	9a	Gross income from gam					30 m		eries (
	١.	See Part IV, line 19			0				Tana a 1
		Less: direct expenses, Net income or (loss) fro				0	-5' " (" '		. ,
		,		1	illes , , ,		U	. 0	<u> </u>
	TUa	Gross sales of inve			0	;	A Section		, , , , , , , , , , , , , , , , , , , ,
		returns and allowances		a	0	r P	;	* * *	
		Less: cost of goods so		b			L' 11		المناسبة الأسار
	C	Net income or (loss) from Miscellaneous Revo		verito	Business Code	0	0	0	0
	44	Volunteer Connection				422.000	122 000	· · · · · · · · · · · · · · · · · ·	السديدية استكاست
:	11a	Animiresi Coullection	• • • • • • • • • • • • • • • • • • • •		611310	122,908	122,908	<u>_</u>	0
	b						-		
	С					0	0	0	
	d	All other revenue		. 1	<u> </u>		<u>ا</u>	. ,	0
		Total revenue Secure			💺	122,908	42 042 E00		
	12	Total revenue. See ins	แนบแบที่รี่.		🚩	14,692,138	13,943,588	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must complete co				(C), and (D).
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0	:	
3	Grants and other assistance to governments, organizations, and individuals outside the	0	0		
4	U.S. See Part IV, lines 15 and 16 Benefits paid to or for members	0			7
5	Compensation of current officers, directors, trustees, and key employees	374,982	285,723		89,259
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and		((5%	
	persons described in section 4958(c)(3)(B)	0	,0	0	0
7	Other salaries and wages	4,958,969	4,833,700	· 0	125,269
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	486,021	156	0	19,692
9	Other employee benefits	434,449		0	14,046
10	Payroll taxes	376,115	361,543	U	14,572
11	Fees for services (non-employees):	o	(A) (B)	0	o
_	Management	26,513	1 21 77 21	0	0
b	Legal	47,000		0	0
	Accounting	\$50	· 0	0	0
	Lobbying	(0700	3. W. r. 16 14	31 2 2 2 2 2 2 2	0
f	Investment management fees	56,957		0	0
	Other	821,359		0	7,526
12	Advertising and promotion	166,145		0	6,307
13	Office expenses	899,549		0	44,255
14	Information technology	153,479	138,606	0	14,873
15	Royalties	·0	0	0	0
16	Occupancy	<u> </u>	0	0	0
17	Travel	389,886	382,159	0	7,727
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	00
19	Conferences, conventions, and meetings	16,177	11,717	0	4,460
20	Interest	283,223	283,223	0	0
21	Payments to affiliates . ()	0	0	0	0
22	Depreciation, depletion, and amortization.	808,917		0	0
23	Insurance	304,278	303,949	0	329
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.)	p p	₹ ,		,
а	Utilities	552,162		0	0
b	Meals for students	865,724	865,724	0	0
С					
d	•				
е		4 007 075	000.040		
	All other expenses	1,007,075 13,028,980		0	23,757
<u>25</u> <u>26</u>	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ 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	13,020,360	12,030,300	U	372,072

	rt X	Balance Sheet			1 age 11
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	2,080,191	2	3,265,747
	3	Pledges and grants receivable, net	510,563	3	280,171
	4	Accounts receivable, net	59,035	4	52,352
	5	Receivables from current and former officers, directors, trustees, key	· .		
		employees, and highest compensated employees. Complete Part II of Schedule L	0	<u></u> 5⇒	100,000
	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	0	• 6	0
ţ	7	Notes and loans receivable, net	1,120,939	[₽] 7	1,030,794
Assets	8	Inventories for sale or use		8	0
Ä	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment. cost or 10a 33,880,913 other basis. Complete Part VI of Schedule D		- :	
	ь	Less accumulated depreciation 10b 10,482,457	24,159,832	10c	23,398,456
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	17,356,927	13	18,841,860
	14	Intangible assets	74,367	14	68,620
	15	Other assets. See Part IV. line 11	439,127	15	132,221
	16	Total assets. Add lines 1 through 15 (must equal line 34) . 心	45,800,981	16	47,170,221
	17	Accounts payable and accrued expenses	1,345,846	17	1,314,392
	18	Grants payable	0	· · · ·	0
	19		413,055		516,058
	20	Deferred revenue	5,530,356	20	5,167,769
93	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0		0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	2 . 45 . 64 . 64 . 42 . 44 . 44 . 44		
=		persons. Complete Part II of Schedule L	0		0
	23	Secured mortgages and notes payable to unrelated third parties	1,009,773	23	1,006,893
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	8,299,030	26	8,005,112
ces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	الم	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Secretary of the secret
lan	27	Unrestricted net assets	21,157,484		21,661,896
Ba	28	Temporarily restricted net assets	161,147		771,439
힏	29	Permanently restricted net assets	16,183,320	29	16,731,774
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ;	Par 10 70
ts	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	37,501,951	33	39,165,109
~	34	Total liabilities and net assets/fund balances	45,800,981	34	47,170,221

orm	990 (2009)		Pa	ge 12
Par	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-	!
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	Were the organization's financial statements audited by an independent accountant?	2b	\	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explaining			. , .
	Schedule O.	, ,	3	4 · 5
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were)		,	
	issued on a consolidated basis, separate basis, or both:	'	3	25-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis ☐			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	✓	
Ь	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.	3b	✓	(2009)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

KA	<u>NSA</u>	S WESLEYA	N UNIVERSITY	· 				_		48	(0543729	
Pa	<u>t l</u>	Reason	for Public CI	narity Sta	atus (All or	rganızati	ons mus	st comp	lete this	part.) Se	e instru	ctions.	
The	orga	anızation ıs n	ot a private four	ndation be	ecause it is:	(For lines	s 1 throug	gh 11, ch	neck only	one box.) ,		
-									section	170(0)(1)(1)(I).	F	
2		A scriool de	scribed in secti	on 170(0)((1)(A)(II). (At	tach Sch	eaule E.)				Co.	S.	
3	님	A nospital o	r a cooperative	hospital s	ervice organ	nization d	lescribed	in section	on 170(b))(1)(A)(iii).	CO. W		
4	Ш	hospital's na	esearch organiza ame, city, and st	ate:							*		
5			tion operated for (b)(1)(A)(iv). (Co			ege or un	iversity o	wned or	operated #	by a gov	ernmenta	ıl unıt descri	bed in
6		A federal, st	ate, or local gov	ernment o	or governme	ental unit	describe	d in sect	tion 1.70(b)(1)(A)(v	١.		
7	\Box		ion that normall		-							the general	nublic
•	_		section 170(b)				its supp	J. 11 O 111 C	A GOVO	9	t or monn	the general	public
8	\Box		y trust describe				omnlete	Part II \	Contract of the second				
9	Ξ										طمده طمده	40.00 0.00	
9	ш	receipte from	ion that normally activities relate	y receives:	: (1) more in	ian 33/3 %	o OFRS SU	ipport ito	mi@onini	outions, ii	embersn	than 2014 04	gross
		support from	n gross investm	ed to its e	xempt lunc	aloted by	cipace to	valda in	žčebiloni	s, and (2)	511 tov	111a11 33/3 /0	OFIC
			the organization								o i iax) Irom busii	iesses
	_							A. E.					
10	\sqcup		tion organized a										
11			tion organized a										
		purposes of	one or more pu	blicly supp	ported orga	nızations	describe	d in sect	ion 509(a	a)(1) or sec	ction 509	(a)(2). See s e	ection
		509(a)(3). Cl	neck the box that	at describ							s 11e th	rough 11h.	
		a 🗌 Type	1 b 🗆	Type II	c		etll-Fun	ctionally	integrate	ed	d□] Type III-O	ther
е		By checking	this box, I cer	tify that th									
			er than foundation										
			section 509(a)(2)	_						J			
f					dotormināt		the IDS	that it ia	a Tuna	I Tuno II	or Type	III aupport	
•			zation received, check this box		determinat	ion ifon	ine ino	llial II IS	a Type	і, туре іі	, or Type	in support	''' ⁹
_		•	=			er.		· · ·		 	•		. ப
g		-	t 17, 2006, has	the organ	ization acce	epted any	y giit or d	ontributi	on from a	any or the	•		
		following pe		🖋								Yes	No
		(I) A persor	who directly o	r indirectly	//controls,	either alo	ne or tog	gether wi	th persor	ns descrit	ped in (ii)	_ 	NO
			elow, the gover				rganizatio	my .				11g(i)	
			member of a pe									11g(ii)	├ ──
			ontrolled entity									11g(iii)	<u> </u>
<u>h</u>		Provide the	following inform	ation_abou	ut the suppo	orted org	anızatıon	(s).					
(I) I		of supported	(ii) EIN		of organization		organization		you notify	1 ' '	s the	(vii) Amour	
	org	anization			d on lines 1-9 IRC section		sted in your document?		nization in of your		ion in col zed in the	support	ļ
					structions))	governing	doddinant		port?		5?		
			*			Yes	No	Yes	No	Yes	No		
													
							}						
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											-		
			والمرواة وما	no 14 1		, , , ,	26	4- % ·		1 - 7	٠, ٠,		

Total

Pai	Support Schedule for Org (Complete only if you chec	janizations I ked the box	Described in on line 5, 7, o	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv)	and 170	(b)(1)(A)(vi)	
Sec	tion A. Public Support				•	-		
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (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						<u>)</u>	
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	, gl					3:	
	shown on line 11, column (f)	,		<u> 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	31	', '', '	-	
6	Public support. Subtract line 5 from line 4.		-	1 2 % T	1/2	, '¢' '	•	
	tion B. Total Support	() 2005	# 1 0000	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	×	4 1 000	S (0.7.1)	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2067	(d) 2008	(e) 200	9 (f) Total	
7	Amounts from line 4			$+\infty$				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			72.0°				
9	Net income from unrelated business activities, whether or not the business is regularly carried on			3				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		√					
11	Total support. Add lines 7 through 10 .	ر الله	ž	1 1 m	en Stang	J. h. 4.	3 :	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re 🗸 📉		nd, third, fourth			ection 501(c)(3)	
	tion C. Computation of Public Su	11 /11		4		44		
14	Public support percentage for 2009 (line					14	<u>%</u>	
15	Public support percentage from 2008 Sci					15		
16a	331/3 % support test - 2009. If the organi				line 14 is 331/3 9	% or more,		
	and stop here. The organization qualifies as a publicly supported organization							
b						33% % or n		
47-	box and stop here. The organization qua	· ·	- ::	_		405		
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in	Part IV how the	
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstant"	acts-and-circum	nstances" test, c	check this box a	and stop here.	Explain in	Part IV how the	
18	Private foundation. If the organization did	not check a bo	x on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and se	e instructions 🕨 🔲	

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts. contributions. grants. and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) 170 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) . . . 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . .

19a 33\% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33\% %, and line 17 is not more than 331/2 %, check this box and **stop here**. The organization qualifies as a publicly supported organization 33\% % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and line 18 is not more than 33% %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonupPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	e of the organization					tion number
	NSAS WESLEYAN UNIVERSITY	· · · · · · · · · · · · · · · · · · ·		48		0543729
Pa	Organizations Maintaining Dor the organization answered "Yes"	nor Advised Funds or Other Similar	Fun	ds or A	Accounts	3. Complete if
	the organization answered Tes	(a) Donor advised funds		/b) Fu	nds and other	er accounte
	Total aumber of and of account	(a) Donor advised failes		(6) 10	ilus allo otti	accounts
1	Total number at end of year					
2 3	Aggregate contributions to (during year)					···- · · · · · · · · · · · · · · · · ·
4	Aggregate grants from (during year) . Aggregate value at end of year					-
5	•		1	7/3		
	Did the organization inform all donors and funds are the organization's property, subjectives.	ect to the organization's exclusive legal co	ontrol	٠		☐ Yes ☐ No
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private b	for the benefit of the donor or donor advi	Sor, c	r for an	y other	
D۵						Yes No
		elete if the organization answered "Yes'		orm 99	u, Part IV	, line 7.
1	Purpose(s) of conservation easements held					
		, recreation or pleasure) (Preservation				
	Protection of natural habitat	Preservati	ion of	a certif	ied histori	ic structure
2	Preservation of open space	strong bold a smallford of the strong state.	4	41		
2	Complete lines 2a through 2d if the organization casement on the last day of the tax year.	ation neid a qualified-conservation contribi	ution	in the to	orm or a co	onservation
				1, 65	Held at the	End of the Tax Year
а	Total number of conservation easements .	Co Q		2a	Ticia at aic	Lila of alc Tax Tear
b	Total acreage restricted by conservation ea	semants		2b		
C	Number of conservation easements on a co				 	_
d	Number of conservation easements include					
3	Number of conservation easements modifie				u the ere	onization division
3	the tax year	released, extinguished, or	teiiii	mateu L	y the orga	anization during
4	Number of states where property subject to	conservation easement is located ▶				
5	Does the organization have a written policy violations, and enforcement of the conservations.	regarding the periodic monitoring, inspe	ction,	handlır		Yes No
6	Staff and volunteer hours devoted to monit			- •	nts during	
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation	easen	nents d	uring the	year
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	nte of	eaction		
	170(h)(4)(B)(i) and section 1.70(h)(4)(B)(ii)? .					☐ Yes ☐ No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization saccounting for conservation	e text of the footnote to the organization	enue 's fina	and exp ancial st	ense stat atements	ement, and that describes
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	r Oth	er Sim	ilar Asse	ts.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8.	1			
1a	If the organization elected, as permitted unart, historical treasures, or other similar asse	ts held for public exhibition, education, or i	resea	rch in fu	rtherance	e sheet works of of public service,
	provide, in Part XIV, the text of the footnote	e to its financial statements that describes	s thes	e items		
b	If the organization elected, as permitted un- historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, or re				
	(i) Revenues included in Form 990, Part VI					
	(ii) Assets included in Form 990, Part X .				▶ \$	
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other similar under SFAS 116 relating to these items:	ar ass	ets for	financial (gain, provide the
a	Revenues included in Form 990, Part VIII, II	ne 1			▶ \$	
D	Assets included in Form 990, Part X				▶ \$	

_	-			
Schedule	D	(Form	990)	2009

_Pa	it III Organizations Maintain	ing Collections	of Art, H	istoric	al Treasure:	s, or O	ther Similar A	ssets (continued)		
3	Using the organization's acquisition collection items (check all that appliance)		other reco	ords, ch	eck any of th	e follow	ing that are a s	significant use of its		
а	Public exhibition		d		Loan or exch	ange p	rograms			
b	Scholarly research		е							
С	Preservation for future general	tions								
4	Provide a description of the organize Part XIV.	ation's collections	s and exp	olain hov	w they furthe	r the or	ganization's ex	empt purpose in		
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive do	onations o	of art, his part of th	storical treasu ne organization	res, or one	other similar ction?	Yes No		
Pa	Escrow and Custodial A IV, line 9, or reported an					answer	ed "Yes" to Fo	orm 990, Part		
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
b	b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount									
	Beginning balance				(₩/1c				
d	Additions during the year					ं 1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a b	Did the organization include an amilf "Yes," explain the arrangement in	ount on Form 990	, Part X,	line 21	9)			Yes No		
	t V Endowment Funds. Co		ganızatio	n answ	vèred "Yes"	to For	m 990, Part I	V, line 10.		
		(a) Current year	(b) Pro	or, year	(c) Two years	s back	(d) Three years bac	k (e) Four years back		
1a	Beginning of year balance	15,935,948	195	759,667	ر بند ۾ ج	- 31_	* ****** ** **	四晚 小门子		
b	Contributions	188,451	. 6	185,293	- FATT	- 15. 15	د معرفگ دور د معرفگ دور	1 1 1 1 1 1 1 1 1 1 1 1		
С	Net investment earnings, gains,		(5.7 PM	y	7	,				
	and losses	1,981,324	₹3,	197,414	12	- # h-		5 2 3 3 3 1		
d	Grants or scholarships	726,129	D. 0	755,210						
е	Other expenditures for facilities and programs	57,904	9	56,388		· · · · · · · · · · · · · · · · · · ·				
f	Administrative expenses	547 10		0	1 21-1- 1-2		1 25 15 15 15	7 1 7 7 7 7 7 7 7		
g	End of year balance	17;321,690	15,9	935,948		ì		, , , , , , ,		
2	Provide the estimated percentage of	f the year end ba	lance hele	d as:						
а	Board designated or quasi-endown		4 %							
b	Permanent endowment ▶	96-%								
C	Term endowment ▶ 0	(2)								
За	Are there endowment funds not in th	e possession of the	e organiz	ation th	at are held ar	nd admi	nistered for the	W. LA		
	organization by:							Yes No		
	(i) unrelated organizations,							3a(i) 🗸		
	(ii) related organizations		·					3a(ii) ✓		
4	If "Yes" to 3a(ii), are the related organism Describe in Part XIV the intended us					• •		3b ✓		
	t VI Investments Land, Bu					art V I	no 10			
rai					1			405 4 4		
	Description of investment	(a) Cost or ot (investm	ent)		ost or other sis (other)	de	ocumulated preciation	(d) Book value		
1a	Land		207,750		0			_207,750		
b	Buildings	<u>31,</u>	738,515		0		8,925,548	22,812,967		
С	Leasehold improvements		0		0		0	0		
d	Equipment	<u> </u>	839,145		0		1,491,065	348,080		
	Other		95,503		0		65,844	29,659		
ota	. Add lines 1a through 1e. (Column (d)	must equal Form 9	ou, Part X,	, coiumn	1 (B), IINE 1U(C)	. <i>)</i>	🕨	23,398,456		

Schedule D (Form 990) 2009			Page :
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives	0	End-of-Year Market Value	
Closely-held equity interests	0		
Other			
5000			
***************************************	· · · · · · · · · · · · · · · · · · ·		
•	· · · · · · ·		
••••••		\$	
•		A CON	
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	0		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments—Program Related		* NO. 18 1	
		1 1/2 X X	<u> </u>
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year m	
Investments	18 841 860	End-of-Year Market Value	
THE CONTROLLS	10,041,000	Charles Market Value	
	1		
		<u> </u>	
	- A CO	'	
			·
	(3.45)		
 	——————————————————————————————————————		
			·
F-1-1 (O-1 (1)1 (15000 D-1) (1 - 10) - 10	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	18,841,860	YE	<u>ကြိုင်းကား နာသို့ ကောင်းကြီး</u>
Part IX Other Assets. See Form 990, Par			<u> </u>
Miccellengeue	(a) Description		(b) Book value
			132,221
	TO THE PARTY OF TH		
			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·-··		
			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	132,221
Part X Other Liabilities. See Form 990, I	Part X, line 25.		
. (a) Description of liability	(b) Amount	- in the state of	· · · · · · · · · · · · · · · · · · ·
ederal income faxes		0	
			
· · · · · · · · · · · · · · · · · · ·	•		
		1、天物 1、四次201	
		■ 第十五次指数 化二氟二次基本	さこかがた かび
		The state of the state of the	
			多价的 医乳干燥
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		可能 一一一型病性特殊	

• Scho	dule D (Form 990) 2009		Desa
_	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	otomoni	Page
		1	14,692,138
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	13,028,980
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	1,663,158
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	1,003,136
4	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	
6	Investment expenses	7	
7	Prior period adjustments	8	
8	Other (Describe in Part XIV.)	9	
9 10	Total adjustments (net). Add lines 4 through 8	10	1,663,158
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
		1	14,692,138
1 2	Total revenue, gains, and other support per audited financial statements		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments		
a b	and discount of the second of		
	Bollated services and use of lacinities	d	
d	The second of prior your grants	5	
e		2e	(
3	Subtract line 2e from line 1	3	14,692,138
4			1-1,002,100
a	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	4c	C
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,692,138
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es per l	
1	Total expenses and losses per audited financial statements	1	13,028,980
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	- 74"	
a) ' ' '	
b	C 144 M) (-	
c	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	13,028,980
4	Amounts included on Form 990, Part Viline 25, but not on line 1:	1.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	וַי	
b		<u> </u>	
	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,028,980
Par	t XIV Supplemental/Information		
and this	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d an part to provide any additional information. nedule D, Part V, Line 4. Scholarships for the students and operational support of the University.	d 4b. Als	
.	\^_\/		
	V		
	•••••		•••••

SCHEDULE E (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KANSAS WESLEYAN UNIVERSITY

Employer identification number 48 0543729

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	✓	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in allitists brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	√];
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990) All job opening announcements	3	1	
		- · · · · · · · · · · · · · · · · · · ·	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	Does the ergopyration maintain the following?	. ji	1	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	1	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	✓	
	If you answered "No" to any of the above, please explain, Ryou need more space, use Schedule O (Form 990)	4 4	17.3	
	<u> </u>	19 3°	7.34 - T	1 137
_		5	, ,	,
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		1
b	Admissions policies?	5b		✓
С	Employment of faculty or administrative staff?	5c_	_	✓
d	Scholarships or other financial assistance?	5d		✓
е	Educational policies?	<u>5e</u>	-	1
f	Use of facilities?	_5f		✓
g	Athletic programs?	5g	-	✓
h	Other extracurricular activities?	5h	<u> </u>	 √
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)		20	
		3	1	
		0.17	•	ľ. '
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	1	
b	and the second s	6b		1
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). Sch O, Stmt 2		F .	
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Schedule O	447	ا الحار	, ,

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

Employer Identification number

Open to Public Inspection

OMB No. 1545-0047

Yes No (h) On behalf of ĝ ŝ 0543729 (g) Defeased Yes No Yes Yes 48 (f) Description of purpose ŝ ŝ 7,000,000 Campus Improvements ۵ Yes Yes ŝ ĝ O O (e) Issue price, Yes Yes ş ŝ (d) Date Issued 06/01/2007 ¢ 8 œ Yes Yes (c) CUSIP# 7,000,000 649,118 2008 86.362 6,264,520 ĝ ŝ ⋖ (b) Issuer EIN Yes Yes member of an LLC, which owned property financed by Were the bonds issued as part of a current/refunding issue? Was the organization a partner in a partnership, or a Does the organization maintain adequate books and Has the final allocation of proceeds been made? records to support the final allocation of proceeds? Kansas Independent College Finance Authority Are there any lease arrangements with respect to the Proceeds in refunding or defeasance escrows Were the bonds issued as part of an advance Working capital expenditures from proceeds Capital expenditures from proceeds Gross proceeds in reserve funds Private Business Use (a) Issuer name KANSAS WESLEYAN UNIVERSITY Year of substantial completion Issuance costs from proceeds Other unspent proceeds Total proceeds of issue Bond Issues tax-exempt bonds? Proceeds refundina ıssue? Part III Part I Part II ပ 4 ø Δ 3 2 S 9 6 5 בו 5 N

Schedule K (Form 990) 2009

Cat. No. 50193E

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

financed property which may result in private business use?

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	1	9	2
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	и	Ę	3

Part III Private Business Use (Continued)										
		A		В		U	Δ		_	ш
3a Are there any management or service contracts with	Yes	S.	Yes	N _o	Yes	No	Yes	No	Yes	N _o
respect to the financed property which may result in private business use?		>					O de			
b Are there any research agreements with respect to the financed property which may result in private business use?		>			, E					
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		>		Ç	OC					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		% 0		15.0%	; •	%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶				% ⊅ \$		%		%		%
6 Total of lines 4 and 5		000	3	%		%		%		8
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	2			-						
		A		В)	င	٥		Ш	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed.	Yes	No	Yes	No	Yes	oN	Yes	°N	Yes	o _N
with respect to the bond issue?		>								
2 Is the bond issue a variable rate issue?		>								
3a Has the organization or the governmental issuer identified a hedge with respect to the book and records?		>				·				
b Name of provider.										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		<i>></i>								
b Name of provider.										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		>								
6 Did the bond issue qualify for an exception to rebate?		>								

Schedule K (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

KANSAS WESLEYAN UNIVERSITY

Employer identification number 48 : 0543729

Part I	Excess Benefit Transactions Complete if the organization answ								Part V,	, line 4	40b.		
												(c) Cor	rected?
1	(a) Name of disqualified person	. <u> </u>			(b) [Description of	transaction	l				Yes	No
				<u> </u>									
							1	`					
							رياي	D }					
				<u> </u>									
und	er the amount of tax imposed on ter section 4958					·/C:\.` A	ojis durir	ng the 	e year 	▶ \$			
3 Ente	er the amount of tax, if any, on line	e 2, abo	ve, reir	nbursed by	the orga	ınızation				▶ \$			
Part II	Loans to and/or From Interest Complete if the organization ai			on Form 9	90, Rartji	(), fine 26,	or Form 9	990-E	Z, Pai	rt V, I	ıne 3	Ba.	
(a) N	ame of interested person and purpose	(b) Loan	to or fron	r (c) Or	iginal amount	(d) Balan			default?	(f) App		(g) W	Vntten ement?
		То	From	1 4	(A)			Yes	No	Yes	No	Yes	No
Fletcher	Lamkin, House Loan		1	1	100,000		100,000		1	✓		✓	
				(V)									
				100								<u> </u>	
	<u> </u>	_	. (•	_						ļ		<u> </u>
		 	676	1			 -						<u> </u>
=		1 @	(5/ /	<u> </u>			400.000		1	,	5	٠, ,	15 to 45
Total . Part III	Grants or Assistance Benefit		}		. ▶ \$	-	100,000	76-5		/ sh	<u> </u>	ā, . ć	
rail III	Complete if the organization ar				90 Part IV	/ line 27							
	(a) Name of interested person	43.		p between inte	erested pers		(c) Amou	ınt and	type o	f assis	tance	
	OF THE PERSON OF	\$ W											
	D V				-							_	
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Part IV	Business Transactions Involve Complete if the organization are				90, Part I	V, line 28a,	28b, or	28c.					
(a)	Name of interested person			ip between son and the ation		nount of saction	(d) De	scriptic	on of tra	ansacti	on	organiz	aring of zation's nues?
		<u> </u>										Yes	No
							<u> </u>						<u> </u>
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

20**09**

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

KANSAS WESLEYAN UNIVERSITY 48 0543729 Form 990, Part VI, Section B, Line 11 - Reviewed by auditors and the audit committee Form 990, Part VI, Section B, Line 12c - Required statement at Board of Trustee Meetings Form 990, Part VI, Section C, Line 19 - Upon written request to the President

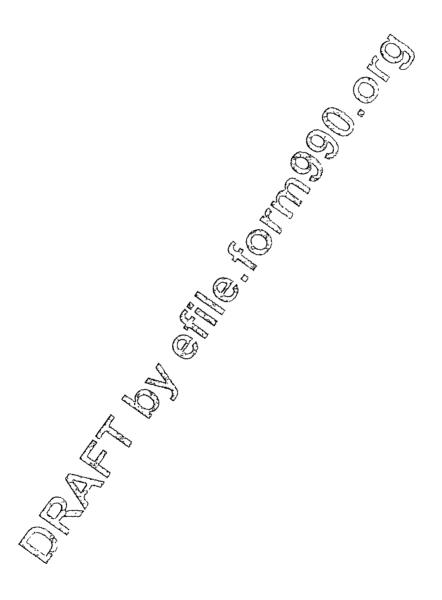
Schedule O. Statement 1

KANSAS WESLEYAN UNIVERSITY 48-0543729

Form 990 Page. 1 Line Number:

Reasonable Cause Explanations

Explanation		_	_
filed extension			



Schedule O, Statement 2

Form: Schedule E

Page 1

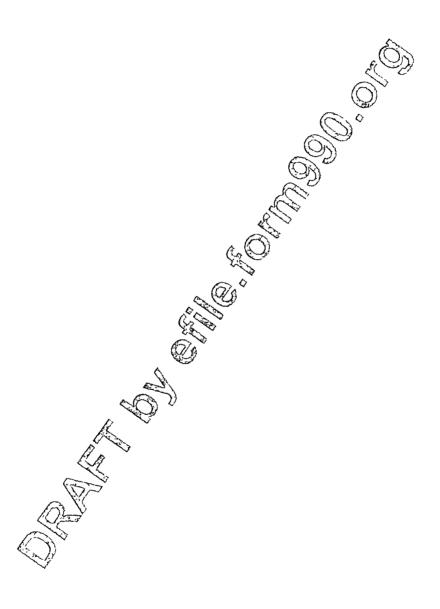
Line Number Line 6

KANSAS WESLEYAN UNIVERSITY 48-0543729

Government Financial Aid Explanation

Explanation

Pell grants, SEOG, and Direct Loans



SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

KANSAS WESLEYAN UNIVERSITY

Part I

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

Attach to Form 990.

See separate instructions.

Open to Public Inspection

OMB No. 1545-0047,

Employer identification number

0543729 48

(f)
Direct controlling entity (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ۷ N (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990 (Part ly, line 33.) (d) Exempt Code section 501(c)(3) (2) (a) Total income Legal domicile (state) or foreign country). Legal domicile (state or foreign country) ত Ö **\$** Manage Endowment Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization and (a) Name, address, and EIN of disregarded entity The Kansas Wesleyan Foundation (48,1032245)-100 E Claffin Avenue, Salina, KS 6740, 6196 Part II

Schedule R (Form 990) 2009

Cat. No. 50135Y

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

General or managing partner? Yes No Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related forganizations treated as a corporation or trust during the tax year.) Ê Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (9)
Share of
end-of-year assets (h) å d-of-year Yes (f) Share of total income Ô Type of entity (C corp., S corp. or trust) because it had one or more related organizations treated as a partnership during the tax year.) Direct controlling entity Ð Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) **@** ō (d) (Direct controlling | Primary activity Q P (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Œ Part III Part IV

Schedule R (Form 990) 2009

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	<	Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed.	ió(Parts II–IV?	,	
a Bacaint of (i) interact (ii) annutiae (iii) rovelties or find root from a controlled patity.		4	
receipt of (i) intelest (ii) annulues (iii) toyanies of (iv) tent		3 ;	<u> </u>
b Giff, grant, or capital contribution to other organization(s)		9	>
c Gift, arant, or capital contribution from other organization(s)		<u>0</u>	>
		7	
Legals of loan guarantees to of 10 offiel organization(s)		2	
e Loans or loan quarantees by other organization(s)	•	1 e	>
		·	
			11.17
f Sale of assets to other organization(s)		11	>
		10	1
		7	<u> </u>
h Exchange of assets		1h	>
1 Loce of facilities equipment or other construction to ather construction(a)		-	/
Lease of racinities, equipment, of other assets to other organization(s)			•
		177	·- ,
i Lease of facilities equipment or other assets from other organization(s)		=	>
		;	<u> </u>
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	>
1 Performance of services or membership or fundraising solicitations by other organization(s)		=	>
		1	
m Sharing of facilities, equipment, mailing lists, or other assets		E	>
n Sharing of paid employees		-t	>
			-
		-	7
o Reimbursement paid to other organization for expenses		10	>
n Beimhursement naid by other organization for expenses		10	>
q Other transfer of cash or property to other organization(s)		19	>
r Other transfer of cash or property from other organization(s)		11	>
	elationships and transact	tion three	٩
1	ממוסוים השיכליוים מוסוים		
(a) Name of white promoted to	(b)	(c)	3
Marine of Outer Organization			2
(1)			
(2)			
(4)			
(5)			
(6)			
	S elimentos	Schedule B (Form 990) 2009	2000
		60 III.5L) L	מחסש (מ

Part VI U

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

					£.4 1.4		
(a) Name, address, and EIN of entity	(b) Prmary activity	(c) Legal domicile	(d) Are all partners	17	Disproportionate		(h) General or
	.	(state or foreign country)	section 501(c)(3) organizations?	end-of-year	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes No	0	Yes No		Yes No
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Schedule R (Form 990) 2009