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Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,649,569
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,128,523
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-478,954
4	Net unrealized gains (losses) on investments	4	1,383,159
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,383,159
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	904,205

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	22,395,166
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,383,159
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	53,479
e	Add lines 2a through 2d	2e	1,436,638
3	Subtract line 2e from line 1	3	20,958,528
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	8,691,041
c	Add lines 4a and 4b	4c	8,691,041
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,649,569

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	21,490,961
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	53,479
e	Add lines 2a through 2d	2e	53,479
3	Subtract line 2e from line 1	3	21,437,482
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	8,691,041
c	Add lines 4a and 4b	4c	8,691,041
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	30,128,523

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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
Organizations Maintaining Collections of Art, Historical Treasures	FORM 990, SCHEDULE D, PART III	LINE 1a Collections of works of art, historical treasures and similar assets are not capitalized in as much as the items are preserved and cared for continuously. Contributions of collection items are not reported in the financial statements. Proceeds from disposal of and insurance recoveries related to collection items are reported as increases in the appropriate net asset classes. The University's collections consist of approximately 50 small sculptures and various paintings. They are subject to a policy that requires proceeds from the disposition of collection items to be used to acquire other collection items. No collection items were sold or removed in the year ended June 30, 2010. LINE 4 THE UNIVERSITY'S COLLECTIONS CONSIST OF APPROXIMATELY 50 SMALL SCULPTURES AND VARIOUS PAINTINGS. The art collections enhance the art and religious programs of the University.
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V	LINE 4 The intended use of the organization's endowment funds is to underwrite scholarships and educational activities.
UNCERTAIN TAX POSITIONS	FORM 990, SCHEDULE D, PART X	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.
RECONCILIATION OF REVENUES	FORM 990, SCHEDULE D, PART XII	LINE 2D SPECIAL EVENT EXPENSES = \$44,129 LOSS ON SALE OF ASSETS = \$ 9,350 LINE 4B SCHOLARSHIPS = \$8,691,041
RECONCILIATION OF EXPENSES	FORM 990, SCHEDULE D, PART XIII	LINE 2D SPECIAL EVENT EXPENSES = \$44,129 LOSS ON SALE OF ASSETS = \$ 9,350 LINE 4B SCHOLARSHIPS = \$8,691,041

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

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Name of the organization NEWMAN UNIVERSITY INC	Employer identification number 48-0556716
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	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?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain THE UNIVERSITY'S RACIALLY NONDISCRIMINATORY POLICY IS INCORPORATED INTO THE COURSE CATALOG, REGISTRATION SCHEDULES, STUDENT HANDBOOKS, NEWSPAPER ADS AND WRAPS AND THE UNIVERSITY'S WEBSITE	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d 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	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h 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
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b 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
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 (Form 990)	Yes	

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48-0556716

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

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Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		PARTY/PONDEROSA (event type)	JET OPEN (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	122,227	60,007	182,234
	2	Less Charitable contributions	94,805	38,232	133,037
	3	Gross income (line 1 minus line 2)	27,422	21,775	49,197
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	5,648	1,602	7,250
	6	Rent/facility costs	3,086	8,032	11,118
	7	Food and beverages	4,528	5,940	10,468
	8	Entertainment	4,550		4,550
	9	Other direct expenses	5,452	5,291	10,743
	10	Direct expense summary Add lines 4 through 9 in column (d)			44,129
	11	Net income summary Combine lines 3, column d, and line 10.			5,068

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NEWMAN UNIVERSITY INC

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

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Employer identification number
48-0556716

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

2

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

▶

3

Enter total number of other organizations

▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

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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 NEWMAN UNIVERSITY INC	Employer identification number 48-0556716
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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		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
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	No
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	

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

[illegible]

Part IIISupplemental 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
COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 1A	RESIDENCE FOR PERSONAL USE - NEWMAN UNIVERSITY PROVIDES A HOUSING ALLOWANCE TO NOREEN CARROCCI AND DID INCLUDE THE FAIR MARKET VALUE OF THE HOUSING ALLOWANCE IN HER W-2. SOCIAL CLUB DUES - NEWMAN UNIVERSITY PROVIDED SOCIAL CLUB DUES TO NOREEN CARROCCI AND TOM BORREGO AND DID NOT INCLUDE THE FAIR MARKET VALUE OF THE SOCIAL CLUB DUES IN THEIR W-2. NOREEN CARROCCI AND TOM BORREGO USED THE SOCIAL CLUB DUES 100% FOR NEWMAN UNIVERSITY'S BUSINESS.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	048526HN4	10-28-2006	8,000,000	EDUC FACILITIES REVENUE BOND		X		X
B	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	048526HNR	06-24-2010	2,000,000	REVENUE ANTICIPATION BOND		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	8,000,000		2,008,300							
2	Gross proceeds in reserve funds	450,000									
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	174,100		33,471							
6	Working capital expenditures from proceeds	1,974,829		1,974,829							
7	Capital expenditures from proceeds	7,375,900									
8	Year of substantial completion	2007		2010							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X						
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	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?	X		X							
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 %		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	0 %		0 %							
6	Total of lines 4 and 5	0 %		0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
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?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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

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Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

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

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
DISCLOSURE NOT REQUIRED		50,400
DISCLOSURE NOT REQUIRED		2,000
DISCLOSURE NOT REQUIRED		8,156

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
KAREN AUSTIN	FAMILY MEMBER	24,958	EMPLOYMENT COMPENSATION		No
SAMUEL BORREGO	FAMILY MEMBER	17,198	EMPLOYMENT COMPENSATION		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
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Employer identification number
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Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	2	0	OPINION OF EXPERTS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,912	VALUE OF GOODS
6 Cars and other vehicles	X	1	9,500	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	0	APPRAISAL
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT</u>) RENTAL)	X	3	3,650	COST
26 Other ► (<u>EQUIPMENT</u>) NURSING)	X	1	1,600	COST
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			1
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31			No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a			No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

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

Identifier	Return Reference	Explanation
NON-CASH CONTRIBUTIONS	FORM 990, SCHEDULE M, PART I, LINE 33	A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1g FOR ITEMS LISTED ON SCHEDULE M, PART I, LINE 1 BECAUSE NEWMAN UNIVERSITY DOES NOT CAPITALIZE ITS ART COLLECTIONS (AS ALLOWED UNDER SFAS 116) A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1G FOR ITEMS LISTED ON SCHEDULE M, PART I, LINE 16 BECAUSE THIS CONTRIBUTION WAS TREATED AS PAYMENT ON A PRIOR YEAR PLEDGE OF \$400,000 A PLEDGE FROM THE DONOR WAS MADE IN APRIL 2006 AND THE CONTRIBUTION WAS REFLECTED IN REVENUE ON THE FORM 990 FILED FOR THE YEAR ENDED JUNE 30, 2006 THE LAND RECEIVED DURING THE CURRENT YEAR WAS SOLD IMMEDIATELY AFTER RECEIPT AND THE RESULTING PROCEEDS WERE THEN APPLIED AS A PAYMENT ON THE PLEDGE RECEIVABLE

Additional Data

Software ID:
Software Version:
EIN: 48-0556716
Name: NEWMAN UNIVERSITY INC

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493132026981	
SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2009
		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization NEWMAN UNIVERSITY INC				Employer identification number 48-0556716	

Identifier	Return Reference	Explanation
GOVERNING BODY & MANAGEMENT	FORM 990, PART VI, SECTION A	LINE 2 BOARD MEMBERS SR JAN RENZ AND SR MARY CATHERINE CLARK HAVE A BUSINESS RELATIONSHIP BOARD MEMBERS BOB SIMPSON AND J V JOHNSTON HAVE A BUSINESS RELATIONSHIP BOARD MEMBERS MSGR ROBERT HEMBERGER AND BOB SIMPSON HAVE A BUSINESS RELATIONSHIP LINE 6 The number of Trustees to constitute the Board of Trustees shall not exceed thirty (30) Eight (8) Trustees shall be Members of the Adorers Congregation, or their designees, as appointed by the Members The President and CEO of the University (hereafter referred to as the "President") shall serve on the Board of Trustees as an ex officio voting member Tw o (2) seats on the Board shall be reserved for representatives chosen from among the Catholic dioceses of Wichita, Dodge City and Salina, Kansas, and the Archdiocese of Oklahoma City, Oklahoma, collectively These tw o (2) representatives w ill be selected by the Chairperson of the Board of Trustees and the President of the University in consultation w ith the Local Ordinary of the diocese of Wichita, and these tw o (2) members of the Board of Trustees shall be referred to as "diocesan representatives " The Chairperson of the New man University National Alumni Board or his/her designee from the Alumni Board shall serve on the Board of Trustees as an ex officio voting member Without regard to the foregoing, the tenure of each Trustee shall be subject to the approval of the Members LINE 7a Members of the Adorers governing body can elect up to eight (8) board members, w hich have the same authority as the other members LINE 7b The follow ing are subject to approval by members of the adorers governing body (a)to approve, modify or disapprove the philosophy or charitable purpose of the Corporation, (b)to approve, modify or disapprove the mssion statement of the Corporation, (c)to approve resolutions submitted by the Board of Trustees proposing amendments to the Corporation's Articles of Incorporation and Bylaw s and to amend the Articles and Bylaw s as the Members deem appropriate fromtime to time, (d)to approve any mergers, consolidations or dissolution and the acquisition or creation of subsidiary corporations, (e)to approve the sale, purchase or encumbrance of real property, (f)to approve new indebtedness incurred by the Corporation in excess of One Million Dollars (\$1,000,000), (g)to approve the appointment and dismissal of the President of the Corporation w hich decision w ill not be unreasonably w ithheld, (h) to approve Successor Trustees proposed by the Trustees pursuant to Article III, Section 2(f), (i)to remove immediately, w ith or w ithout cause, any or all Trustees upon w ritten notice delivered to the registered office of the Corporation, and (j)to approve an acting President of the Corporation if other than the Provost/Vice President for Academic Affairs

Identifier	Return Reference	Explanation
POLICIES	FORM 990, PART VI, SECTION B	LINE 11 AN INDEPENDENT ACCOUNTING FIRM PREPARES THE FORM 990 THE AUDIT COMMITTEE THEN REVIEWS THE COMPLETE FORM 990 AND ALL REQUIRED SCHEDULES ANY QUESTIONS OR CONCERNS ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE THE FORM 990 AND ALL REQUIRED SCHEDULES, WITH THE EXCEPTION OF SCHEDULE B - CONTRIBUTORS, IS THEN ELECTRONICALLY PROVIDED TO THE ENTIRE GOVERNING BODY PRIOR TO FILING A PUBLIC DISCLOSURE COPY OF SCHEDULE B IS PROVIDED TO THE GOVERNING BODY IN ORDER TO RESPECT THE WISHES OF CONTRIBUTORS WHO WOULD LIKE TO REMAIN ANONYMOUS LINE 12c Individuals (Board members and Officers) are required to notify the board each year of any conflict of interest issues This is performed by completing a reporting form and is disclosed at the first board meeting of the year Also, the VICE PRESIDENT FOR FINANCE AND ADMINISTRATION is charged w ith reporting to the board any business transactions betw een Board Members and New man University that exceed \$25,000 The policy is specific on these points THE BOARD IS RESPONSIBLE FOR DETERMINING WHETHER OR NOT A TRANSACTION CREATES A CONFLICT OF INTEREST ONCE A POTENTIAL CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE BOARD OF TRUSTEES MAY TAKE ONE OR MORE OF THE FOLLOWING ACTIONS 1) THE TRUSTEE WHO IS A COVERED PERSON MAY INFORM THE BOARD OF THE CONFLICT AND RECUSE HIM OR HERSELF FROM PARTICIPATION IN THE DISCUSSION AND REFRAIN FROM VOTING ON THE AGENDA ACTION ITEM 2) THE BOARD OF TRUSTEES, AFTER APPROPRIATE DISCUSSION AND THROUGH A VOTE OF THE BOARD, SHALL DETERMINE, ON A SITUATION BY SITUATION BASIS, IF A CONFLICT OF INTEREST FOR A FINANCIAL TRANSACTION EXISTS THE COVERED PERSON MAY PARTICIPATE IN THE DISCUSSION BUT MAY NOT VOTE ON THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COVERED TRUSTEE SHALL BE EXCLUDED FROM THE DISCUSSION AND FROM VOTING ON THE AGENDA ACTION ITEM 3) IN CERTAIN CIRCUMSTANCES AND WHERE A CONFLICT OF INTEREST WAS NOT REPORTED BY THE COVERED PERSON, THE BOARD OF TRUSTEES MAY DISALLOW A FINANCIAL TRANSACTION, AND/OR SANCTION, REMOVE OR OTHERWISE DISCIPLINE THE COVERED PERSON/TRUSTEE SUCH ACTION, IF DEEMED NECESSARY, SHALL BE ACCOMPLISHED IN EXECUTIVE SESSION BY A VOTE OF THE BOARD OF TRUSTEES LINE 15a New man University officials routinely monitor salary levels and compare these to published data in the Chronicle of Higher Education and other professional journals for similar organizations In the case of the hire of the President, a search consultant w as used and helped to provide the Board of Trustees w ith comparable compensation statistics and recommendations LINE 15b For others hired, current market conditions are used in addition to comparison of published data in the Chronicle of Higher Education and other professional journals for similar organizations

Identifier	Return Reference	Explanation
DISCLOSURES	FORM 990, PART VI, SECTION C	LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

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
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

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
ADORERS OF THE BLOOD OF CHRIST US REGION 4233 SULPHUR AVENUE ST LOUIS, MO 63109 37-1402562	SUPPORT	MO	501(C)(3)	1	NA
LEAVEN INT'L CORPORATION 1165 SOUTHWEST BLVD WICHITA, KS 67213 48-0996031	SUPPORT	KS	501(C)(3)	1	ADORERS

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

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

Yes

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

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) ADORERS OF THE BLOOD OF CHRIST	C	1,430
(2) ADORERS OF THE BLOOD OF CHRIST	O	105,397
(3) ADORERS OF THE BLOOD OF CHRIST	P	108,402
(4) ADORERS OF THE BLOOD OF CHRIST	Q	250,000
(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: 48-0556716

Name: NEWMAN UNIVERSITY INC

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			
JV JOHNSTON CHAIRMAN OF THE BOARD	1 0	X						0	0	0
LARRY P SCHUMACHER TRUSTEE	1 0	X						0	0	0
BARBARA BAER CSJ TRUSTEE	1 0	X						0	0	0
ROSE THERESE BAHR ASC TRUSTEE	1 0	X						0	0	0
SHERYL BAKER TRUSTEE	1 0	X						0	0	0
MARY CATHERINE CLARK ASC TRUSTEE	1 0	X						0	0	0
DENISE ANN CLIFFORD SL TRUSTEE	1 0	X						0	0	0
GLENN DUGAN TRUSTEE	1 0	X						0	0	0
REV MSGR ROBERT HEMBERGER TRUSTEE	1 0	X						0	0	0
GERRY KILLEEN TRUSTEE	1 0	X						0	0	0
MICHAEL LUDLOW MD TRUSTEE	1 0	X						0	0	0
ARCHIE MACIAS TRUSTEE	1 0	X						0	0	0
TONY MADRIGAL TRUSTEE	1 0	X						0	0	0
MICHAELNE D MARINGER TRUSTEE	1 0	X						0	0	0
JAN RENZ ASC TRUSTEE	1 0	X						0	0	0
GABRIELLE ROWE ASC TRUSTEE	1 0	X						0	0	0
DOUGLAS L STANLEY VICE CHAIRMAN	1 0	X						0	0	0
ELAINE VITELLO TRUSTEE	1 0	X						0	0	0
GERALD T AARON TRUSTEE	1 0	X						0	0	0
REV ROBERT SCHREMMER TRUSTEE	1 0	X						0	0	0
BOB SIMPSON TRUSTEE	1 0	X						0	0	0
LINDA SNOOK TRUSTEE	1 0	X						0	0	0
NOREEN CARROCCI PRESIDENT	40 0	X		X				198,772	0	13,274
JOHN RAPP TRUSTEE	1 0	X						0	0	0
VERA ROBL TRUSTEE	1 0	X						0	0	0

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			
MARK DRESSELHAUS V P FOR FINANCE	40 0			X				99,059	0	10,038
TOM BORREGO V P FOR ADVANCEMENT	40 0			X				93,521	0	9,826
RHONDA CANTRELL V P FOR HUMAN RESOURCES	40 0			X				84,935	0	8,956
JOHN CLAYTON DEAN OF ADMISSIONS	40 0			X				80,111	0	9,055
MICHAEL AUSTIN V P FOR ACADEMIC/AFFAIRS	40 0			X				80,937	0	8,937
VICTOR TRILLI DIRECTOR OF ATHLETICS	40 0			X				73,826	0	17,948
TRACY MCGAREY SECRETARY OF CORPORATION	40 0			X				38,130	0	1,924
SHARON NIEMANN DIR OF CRNA PROGRAM	40 0					X		106,615	0	10,193