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## Form **990-EZ**

## Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Ā	For the	he 2009 cal	lendar year.	or tax year beginni	ng JTT	L 1,	2009	0 001101	and end		N 3	0.	2010		
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	4	Investment			OSC OSC			ا د	I		- ^	4		65,7	91.
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•	C			of assets other than nive				,				5c			<u>50.</u>
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289venue	a		nue (not inclu	ding \$		of contrib	utions	١.	1						
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	7a			less returns and allowa	inces			7a							
9	b	-	of goods sold	I II ILM DE T					<u> </u>						
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	8		ue (describe								,	8	<del></del>	100	
Z	9			21, 2, 3, 4 (3c, 6c) Zs, a		·						9		$\frac{310,7}{120}$	
Expense CANNED NOV	10			nts paid (attach schod)	le)			Ştm	it 6			10		<u>139,5</u>	56.
Q	11	Benefit <b>s</b> pa	lid to or for m	HE Atte	Ji.							11		F1 0	0
(G)	12	L		alion, with employee ber								12		51,9	
eus	13			ner payments to indeper	ndent contrac	tors	_	-	<b>.</b>	•	_	13			50.
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_	17			es 10 through 16	<del>_</del>					_	<u> </u>	17		<u>253,5</u>	
Ø	18			year (Subtract line 17								18		57,2	84.
Net Assets	19			ces at beginning of year	•		A))							۰۵6 -	
As				year figure reported on								19		<u> 386,5</u>	27.
Š	20		-	ets or fund balances (at								20	<u> </u>		4.4
_	21			ces at end of year. Com								21		9 <u>43,8</u>	11.
LP	art I	I Balan		S. If Total assets on line		(B) are \$1,	250,000 or m	ore, file				U-EZ.	/D) F-	4 -4	
			·	See the instructions for I	raitii.)				(A)	Beginning o				d of year	07
2			and investmer	nts						442,			<del> </del>	<u>471,6</u>	
2		nd and buildi	-		~	- 0:		. ^	$\Box$	470	572		<del></del> -		06.
2		her assets (d	escribe ►		Se	e Sta	tement	. 2	)	479,				$\frac{514,5}{206}$	
2		tal assets			~		. <b>.</b>	_	, ——	923,				9 <u>86,5</u>	
2			describe				tement	<u> </u>	)		480		ļ,	$\frac{42,7}{242}$	
93	7 Ne			(line 27 of column (B) r						886,	<u> 54 /</u>	•   27		943,8 9 <b>90-EZ</b>	
55	00 -0	I HA F	or Privacy Act	and Panerwork Reduc	TION ACT NOTIC	e see the	xenarate inc	Truction	IS				a NOTH S	/30"に上	120091

2009.04011 Kansas Independent College 04418F\_1

Forr	m 990-EZ (2009) Kansas Independ	<u>ent Colleg</u>	e Fund		<u>48-</u>	<u>06360</u>	41 Page 2
P	art III Statement of Program Service A	Accomplishmen	its (See the instructions for	Part III.)		_ E>	penses
Wha	at is the organization's primary exempt purpose? See	Statement	10				r section 501(c)(3)
	scribe what was achieved in carrying out the organization			ise manner, descri	be	1	) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited					for others )	r(a), i) dusis, optional
28	See Statement 9	<del>'</del>				<del>                                     </del>	
20	Dee Deacement 7			<del> </del>			
				··.			
	4.00 556		<del>-</del>				164 150
	(Grants \$ 139,556.) If this amoun	nt includes foreign gi	rants, check here	<u> </u>	لــــا	28a	<u>164,452.</u>
29							
	(Grants \$ ) If this amoun	nt includes foreign gi	rants check here	<b></b>		29a	
30	1						
00		- <del></del>	<del></del>				
		<del></del>	<del>_</del> ,				
	<del> </del>				————	1	
	(Grants \$ ) If this amoun	nt includes foreign gi	rants, check here	<u> </u>	<u>لىا</u>	30a	
31	Other program services (attach schedule)						
	(Grants \$ ) If this amoun	nt includes foreign gi	rants, check here			31a	
32	Total program service expenses (add lines 28a th	rough 31a)			<u> </u>	32	164,452.
P	art IV List of Officers, Directors, Trust	ees, and Key Er	mployees. List each one ev	en if not compensated (	See the		for Part IV )
ن ن		· · ·				ontributions	<u> </u>
			(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address		per week devoted to	(If not paid, enter	bene	fit plans &	account and
			position	-0- )		eferred	other allowances
					com	pensation	
	See Statement 8						
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932	172 08-10					Form	990-EZ (2009)

Located at ▶ 700 S Kansas Avenue, Suite 511,

Telephone no.  $\triangleright$  (785) 235-9088 ZIP+4 ▶ 66603

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Yes No 42b Х 42c

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

N/A

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes No X 44

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

If "Yes," enter the name of the foreign country:

Form 990-EZ (2009)

P	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of microrrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	/ kno
Sign Here	Signature of officer )	Dat
	Dennis A. Penner, President	
	Type or print name and title	

Paid Preparer's signature Preparer's Use Only Firm's name (or yours

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

Check if self-08/04/10 employed ►

Preparer's identifying number (See instr.)

Wendling Noe Nelson & Johnson LLC 534 S Kansás Ave Suite 1500 Topeka, KS 66603-3491

Phone > 7852334226 X Yes

EIN ▶

Form 990-EZ (2009)

Date

it sett-employed),

address, and ZIP + 4

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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

Name of the organization

Kansas Independent College Fund Employer identification number 48-0636041

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:) See inst	ructions			
The organ	ization is not a	private foundation	because it is (For lines 1	I through 1	11, check	only one b	ox)		·		
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)				
2 🗌	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E)							
з 🗀	A hospital or	a cooperative hospi	tal service organization of	described	n section	170(b)(1)(	A)(iii).				
4	A medical res	earch organization of	operated in conjunction	with a hos	pital descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter tl	he hospital's n	ame,
	city, and state	•									
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describe	ed in	
	•	( <b>b)(1)(A)(iv).</b> (Comple	_	·	·	·	-				
6 🔲			ent or governmental unit	t described	d in sectio	n 170(b)(1	)(A)(v).				
7 🗂		_	eives a substantial part					r from the	general c	oublic describe	d in
. —	=	b)(1)(A)(vi). (Comple				3			J		
8 🗔			ection 170(b)(1)(A)(vi). (	(Complete	Part II )						
9 🗌	-		eives (1) more than 33 1	-		rom contri	hutions m	embershi	n fees, an	id aross recein	ts from
J	-	•	nctions - subject to certa								
		· ·	axable income (less sect								
		<b>509(a)(2).</b> (Complete	•		,	3111000000	ioquii ou b	y ino orga	incation c		0.0
10 🗔			perated exclusively to te	st for nubli	ic safety S	See sectio	n 509(a)(4	ıs.			
11 X	•	•	perated exclusively for the	•	•			•	v out the	nurposes of or	ne or
11 4			ations described in section								
	-		organization and comple				., 000 300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>u</b> /( <b>U</b> /. U		.•
	a X Type I	,, <u> </u>	¬ ~		e III - Func		enrated		d 🗆	Type III - Othe	ar
e X	• •		it the organization is not	• • • • • • • • • • • • • • • • • • • •		-	•	more disi		• • •	
6 (77)			han one or more publicly								
			ten determination from t						<i>σ</i> (α)(1) οι τ	30000011 000(0)(1	-,
1	_			1116 1110 1116	at it is a Ty	pe i, Type	ii, or Type	; III			
		ganization, check th	iis box organization accepted ar	auft or o	ontribution	from any	of the follo	owing per	cone?		ــــا
g	_	· ·	irectly controls, either al	. •		-				Ye	s No
				one or tog	enier win	persons c	iesciloeu i	ii (ii) aiiu (	iii) Delow,		X
	•	• •	upported organization?							11g(ı)	X
	• •	•	n described in (i) above?		-0					11g(ii)	$\frac{x}{x}$
	` '	•	person described in (i) o	• •						11g(iii)	A
h	Provide the to	ollowing information	about the supported org	ganization	(S)						
			(iii) Type of	(:) In Abn a		(v) Did vo	. natification	(vi) ls	the		_ <del></del>
	of supported	(ii) EIN	, , , , ,		organization sted in your			Lorganizátu	on in col. L	(vii) Amour	
orga	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	support	
			above or IRC section (see instructions))			Yes	No	Yes	No		
<del></del>			(ace manuchona))	Yes	No	165	140	163	140		
Baker					7.7	.,	<u> </u>	3.5		1.0	025
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Centr										_	
Chris	tian Co		6		X	Х	ļ	X		6,	496.
							[				
Total										<u> </u>	556.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

See Part IV for Line 11 Continuation

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

	edule A (Form 990 or 990-EZ) 2009	<u> </u>	<b>- D</b>	0 1: 470	W. MANG A	1 470/1-1/41/41/	Page 2
Pa	rt II Support Schedule for	_			)(b)(1)(A)(iv) an	a 1/0(b)(1)(A)(v	<b>(1)</b>
500	(Complete only if you checke	a the box on line 5	o, 7, or 8 of Part 1)	<del></del>			
	<del> </del>	4-1,0005	#1 000C	4.3.0007	4.0.0000	(-) 0000	40 Total
	endar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-				<del> </del>		
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				<del></del>	<del> </del>	<del></del>
_	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4					<u> </u>	
	ction B. Total Support		T	· · · · · · · · · · · · · · · · · · ·	T	T	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 4				<u> </u>		
8	Gross income from interest,	ļ		}			
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
.•	or loss from the sale of capital						
	assets (Explain in Part IV)				Į.		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			<del>, ,</del>	
	Public support percentage for 2009 (	,,	•	column (f))		14	<u>%</u>
	Public support percentage from 2008	•	*			15	%
16a	33 1/3% support test - 2009.If the o	-			14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2008. If the o				l line 15 is 33 1/3%	or more, check th	is box
4-	and stop here. The organization qual	•	• •		- 10 16a ar 16b	and line 14 to 100/	<b>P</b>
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "factorization meets" meets the "factorization meets the "factorization meets" meets the "factorization meets th			-		are iv now the organ	
L	meets the "facts-and-circumstances"  10% -facts-and-circumstances tes	•	-		-	17a and line 15 ie :	10% or
, 0	more, and if the organization meets to	•					
	organization meets the "facts-and-cire						<b>→</b> □
18	Private foundation. If the organization						s
	The state of the s			. ,		edule A (Form 990	

Part III Suppor	rt Schedule for C	Organizations	Described in	Section 509(a	)(2) (Complete only	ıf you checl	ked the box o	n line 9 of Part I.)
Section A. Publi	c Support							
Calendar year (or fise	cal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1 Gifts, grants, co	ntributions, and							
•	s received (Do not							
ınclude any "unı	usual grants ")					<u> </u>		
2 Gross receipts f								
merchandise so formed, or facilit	id or services per-							
•	is related to the			1	į		1	
organization's ta	ax-exempt purpose					ļ		
3 Gross receipts f								
	ated trade or bus-			1	ļ			
iness under sec	tion 513							
4 Tax revenues le	•							
	and either paid to							
or expended on	ľ					<del> </del>		
5 The value of ser								
	overnmental unit to							
the organization	· ·				<del> </del>			
6 Total. Add lines	•		<del> </del>		<u> </u>		+	
	ed on lines 1, 2, and							
_	disqualified persons		-			·		
b Amounts included on from other than disqu				ŀ				
exceed the greater of								
amount on line 13 for	· 1				-			
c Add lines 7a and	· · · · · · · · · · · · · · · · · · ·				-			<del></del>
8 Public support Section B. Total				<u> </u>	<u></u>			<del></del>
***		(-) 200E	(h) 2006	(-) 2007	(4) 2009	(-) 2(	000	(f) Total
Calendar year (or fise 9 Amounts from In		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	<u> </u>	(i) iotai
10a Gross income fr	ŀ					<del> </del> -		
	nents received on							
securities loans,	, rents, royalties n similar sources							
<b>b</b> Unrelated busines	l							
	taxes) from businesses							
acquired after Jun	′							
c Add lines 10a ar	· ·					<u> </u>		
	n unrelated business		_					
activities not inc	luded in line 10b,							
whether or not t regularly carned						1		
12 Other income D	)							
or loss from the					-			
assets (Explain i 13 Total support (Add								
• • •	. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3	) organization	on,
check this box a		<b>3</b>	- ···,, ·····		,	\-/\-	, - 3	▶□
	putation of Publi	ic Support Pe	rcentage	<del></del>				
	percentage for 2009 (I	<del> </del>		column (f))		15		%
	percentage from 2008			.,,		16		%
	putation of Inves							
	me percentage for 20					17		%
	me percentage from 2					18		%
	rt tests - 2009. If the			on line 14, and lin	e 15 is more than	33 1/3%, a	ınd line 17 is	s not
* *	3%, check this box ai	-						
	rt tests - 2008. If the						3 1/3%, and	I
	ore than 33 1/3%, che	-						ightharpoons
	tion. If the organizatio		•					
					•			r 990-EZ) 2009

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	tion in co	organiza- I. (i) listed joverning ment?	organizat	u notify the ion in col. support?	(vi) ls organizatio (i) organiza U.S.	n in col. ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Donnelly									
College		6		X	Х		Х	<u> </u>	6,209
Friends			1	l					0 504
University		6	<del> </del>	X	X		Х		8,504
Hesston College		6	]	x	х		x		5,707
Kansas		0							5,707
Wesleyan Uni		6	]	x	х		x		6,249
Manhattan		<u> </u>							
Christian Co		6		Х	Х		x		5,409
McPherson									
College		6		X	Х		Х		6,840
MidAmerica							•		
Nazarene Uni	<del></del>	6		X	X		Х		7,295
Newman									
University		6		X	Х		X		8,146
Ottawa				<b></b>			1		7 221
University		6		X	X		X		7,331
University of Saint Mar		6		X	X		X		6,471
Southwestern		0					Α		0,411
College		6		x	х		x		6,460
Sterling		<u> </u>	-				<del></del>		
College		6		X	X		X		5,964
Tabor									
College		6		X	X		Х	<u> </u>	12,004
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Continuation Total				Į.	1		1	1 1	92,589

Form 990-EZ	Other Expenses		Statement	1
Description			Amount	
Office supplies				79.
Travel			3,53	
Auto expenses				99.
Executive committee Public relations				55. 94.
Telephone			1,28	
Dues and memberships			12,60	
Insurance			1,32	
Minor equipment				71.
Recruitment marketing			24,89	
Miscellaneous			9	97.
Total to Form 990-EZ, line 16			46,55	50.
Form 990-EZ	Other Assets		Statement	2
Description		Beg. of Year	End of Yea	ar
Mutual funds		357,739.	365,03	37.
Bond funds		121,719.	143,95	
Accounts Receivable		0.	5,59	
Total to Form 990-EZ, line 24		479,458.	514,58	36.
Form 990-EZ (	Other Liabilities		Statement	3
Description		Beg. of Year	End of Yea	ar
Accounts payable and accrued exp	penses	36,480.	42,7	78.
Total to Form 990-EZ, line 26		36,480.	42,7	78.

Form 990-	·EZ	Gair	ı (Loss	s) From	Sale	of Othe	r Ass	sets		Sta	atement	4
Descripti	on					Da: Acqu:		Date Sol	_	Met Acqu		
Dell Comp	uter					11/0	3/00	04/21	/10	Purc	hased	
Name of B	Buyer			coss B Price	_	t or Basis		pense Sale	Depr	ec	Net Gair	
				50.		4,140.		0.	4,	140.		50.
To Form 9	990-EZ,	line	5	50.		4,140.		0.	4,	140.		50.
Form 990-	-EZ	Occur	pancy,	Rent,	Utilit	ies and	Mair	ntenanc	e	St	atement	5
Descripti	lon										Amount	
Depreciat Other Exp											9,8	66. 81.
Total to	Form 9	90-EZ,	, line	14						<del></del>	10,1	47.

Form 990-EZ Cash Grants and Alloc	ations	Statement 6
Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amount
Scholarships for deserving students Baker University PO Box 65 Baldwin City, KS 66006	None	19,835.
Scholarships for deserving students Benedictine College 1020 N 2nd Street Atchison, KS 66002	None	7,850.
Scholarships for deserving students Bethany College 421 N First Street Lindsborg, KS 67456	None	6,949.
Scholarships for deserving students Bethel College 300 E 27th Street Newton, KS 67117	None	5,837.
Scholarships for deserving students Central Christian College PO Box 1403 McPherson, KS 67640	None	6,496.
Scholarships for deserving students Donnelly College 608 N 18th Street Kansas City, KS 66102	None	6,209.
Scholarships for deserving students Friends University 2100 W University Street Wichita, KS 67213	None	8,504.
Scholarships for deserving students Hesston College PO Box 3000 Hesston, KS 67062	None	5,707.
Scholarships for deserving students Kansas Wesleyan University 100 E Claflin Salina, KS 67401	None	6,249.

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. Kansas Independent College Fund		48-0636041
Scholarships for deserving students Manhattan Christian College 1415 Anderson Avenue Manhattan, KS 66502	None	5,409.
Scholarships for deserving students McPherson College PO Box 1402 McPherson, KS 67640	None	6,840.
Scholarships for deserving students MidAmerica Nazarene University 2030 E College Way Olathe, KS 66062	None	7,295.
Scholarships for deserving students Newman University 3100 McCormick Avenue Wichita, KS 67213	None	8,146.
Scholarships for deserving students Ottawa University 1001 S Cedar Ottawa, KS 66067	None	7,331.
Scholarships for deserving students University of Saint Mary 4100 S 4th Street Leavenworth, KS 66048	None	6,471.
Scholarships for deserving students Southwestern College 100 College Street Winfield, KS 67156	None	6,460.
Scholarships for deserving students Sterling College PO Box 98 Sterling, KS 67579	None	5,964.
Scholarships for deserving students Tabor College 400 S Jefferson Hillsboro, KS 67063	None	12,004.
Total Included on Form 990-EZ, Line 10		139,556.

FORM	990-EZ Information Regarding Transfers Associated with Personal Benefit Contraction	:ts		St	tater	nent	7
di	id the organization, during the year, receive any fuirectly or indirectly, to pay premiums on a personal enefit contract?	•	[	]	Yes	[X]	No
	id the organization, during the year, pay premiums, irectly or indirectly, on a personal benefit contrac	:t?	[	]	Yes	[X]	No

Form 990-EZ Part IV - List of Officers, Directors, Trustees and Key Employees				Statement 8	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
Douglas A. Penner, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Executive Dir	ector 0.	0.	0.	
Dr. Edwin H. Robinson, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Chair 0.00	0.	0.	0.	
Dr. Edward F. Leonard III, 700 S Kansas Avenue No. 511, Topeka, KS	Vice Chair 0.00	0.	0.	0.	
Dr. Noreen M. Carrocci, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Secretary 0.00	0.	0.	0.	
Dr. Howard Keim, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Treasurer 0.00	0.	0.	0.	
Dr. Patricia Long, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.	
Dr. Steve Minnis, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.	
Dr. Perry D. White, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.	
Col. Hal V. Hoxie, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.	
Dr. Steven LaNasa, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	<b>′0</b> .	
Dr. Biff Green, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.	
Dr. Fletcher Lamkin, 700 S Kansas Avenue No. 511, topeka, KS 66603	Trustee 0.00	0.	0.	0.	
Kevin Ingram, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.	
Michael P. Schneider, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.	

Kansas Independent College Fund			48-0636041	
Kevin Eichner, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.
Dr. Richard Merriman, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.
Dr. Paul Maurer, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.
Dr. Jules Glanzer, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.
Sr. Diane Steele, 700 S Kansas Avenue No. 511, Topeka, KS 66603	Trustee 0.00	0.	0.	0.
Totals Included on Form 990-EZ, Part	ıv	0.	0.	0.

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Statement

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A range of activities to strengthen 18 member colleges, including financial support, student aid, improved administrative services, professional development for faculty/staff. Ultimately, the educational experiences of 22,000 students are enhanced annually through our efforts.

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990-EZ Pg 2

Statement

To support the educational programs of its member colleges by receiving and accepting property to be administered exclusively for charitable purposes, primarily in connection with the promotion and support of education and encouragement of undergraduate and advanced education programs in Kansas, and to assist such programs in undergraduate and advanced education programs in Kansas, and to assist such programs in performing the educational needs of Kansas and to promote their general welfare and funding for such programs.