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Form **990**

Department of the Treasury

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public

A Fo	r the :	2009 cal	∣ endar vea	r, or tax year beginning 07-	-01-2009 and ending 06-30-2010	D		Inspection
			•	C Name of organization	•	-	D Employer id	lentification number
_	Iress ch	nange	Please use IRS	UNIVERSITY OF KANSAS CENT	48-06801			
Nar	ne cha		label or print or	Doing Business As			E Telephone n	umber
_		-	type. See Specific	Number and stored (see B.O. b.			(785) 864	-7239
Initial return Specific Instructions. Number and street (or P O box if mail is not delivered to street address 2385 IRVING HILL ROAD							G Gross receipts	s \$ 151,370,474
_	ended		tions.	City or town state or country	and 710 + 4			
_				City or town, state or country LAWRENCE, KS 66045	, and ZIP + 4			
I Apt	lication	pending					l	
			F Nan	ne and address of principal	officer		ıs a group retu	rn for □ Yes ▼ No
						аппа	ates?	j res je no
						H(b) Are a	ll affiliates inclu	ded?
	v-evem	nt status	✓ F01(a)) (3) ◀ (insert no)	a)(1) as \Box 527			t (see instructions)
					a)(1) 01 527	H(c) Grou	up exemption n	umber 🟲
J W	ebsit e	•:► www	kucr ku e	du				
_				tion Trust Association C	ther 🟲	L Year of fo	rmation 1962	M State of legal domicile KS
Pa	rt I	Sumn						
	1			e organization's mission or ′ OF KANSAS CENTER FO	most significant activities R RESEARCH, INC IS A NOT-FO	OR-PROFIT (ORGANIZATIO	N THAT OPERATES
		UNDER	THE ADM	INISTRATIVE JURISDICT	TION OF THE UNIVERSITY OF K	CANSAS THE	CENTERADM	
Governance		SPONSO	REDAGE	REEMENTS TO CONDUCT	RESEARCH AND TRAINING FO	R THE UNIV	ERSITY	
屋								
<u>₹</u>								
ទី	2	Check th	ııs box 📭	🗸 if the organization discon	tinued its operations or disposed	of more than	25% of its net	assets
న ఆ	3	Number	of voting r	nembers of the governing b	ody (Part VI, line 1a)		1	318
ĕ	4	Number	ofındepen	ident voting members of th	e governing body (Part VI, line 1b)		4
Activities	5	Total nur	mberofen	nployees (Part V , line 2a)			!	5
æ	6	Total nur	mber of vo	olunteers (estimate if neces	sary)		•	5
		Total gross unrelated business revenue from Part VIII, column (C), line 12 .					7	'a 6,191
	ь	Net unre	lated busi	ness taxable income from	Form 990-T, line 34		7	'b 96
						Pric	or Year	Current Year
a)	8)			0
Rayenue	9	_		revenue (Part VIII, line 2g		126,023,391	144,906,449	
훒	10				lines 3, 4, and 7d)		1,163,505	1,483,450
	11 12		-		5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line	<u> </u>	3,655,944	4,980,575
	12						130,842,840	151,370,474
	13				olumn (A), lines 1-3)			0
	14	Benefits	paid to o	or for members (Part IX, co			0	
ø	15		s, other co	mpensation, employee ber	nefits (Part IX, column (A), lines 5	5 –	60.707.014	71 621 417
Expenses		10)			(4)		68,787,014	71,621,417
<u>₹</u>	16a				nn (A), line 11e)			0
五	Ь			enses (Part IX, column (D), line				
	17			(Part IX, column (A), lines		57,228,380	68,003,283	
	18		-		ual Part IX, column (A), line 25)		126,015,394	139,624,700
	19	Kevenu	e iess exp	enses Subtract line 18 fro	om line 12	Dominuin.	4,827,446	11,745,774
Not Assets or Fund Balances						_	g of Current Year	End of Year
15 and 15	20	Total as	sets (Par	rt X, line 16)			78,377,507	87,758,858
주유 유민	21			Part X, line 26)			84,020,443	83,060,306
žĒ	22	Netass	ets or fun	d balances Subtract line 2	1 from line 20		-5,642,936	4,698,552
Pai	t II	Signa	ture Blo	ock				
					nined this return, including accompanying			
		and belief	r, it is true, o	correct, and complete Declaratio	n of preparer (other than officer) is based	d on all informat	ion of which prepa	rer nas any knowledge
Sign Here		lk				2011-	-02-10	
		Signat	ure of office	er		Date		
			Sadler CFO					
		Туре	or print nam	e and title				
		Preparer's				Check If	Preparer's ident	
Paid		signature	Bud L	Vick CPA		self- empolyed 🕨 🦵	(see instruction	5)
Prepa	arer's		ne (or yours	s 🗽 Cochran Head Vick & Co PA		•	EIN Þ	
Use (Only	if self-employed), address, and ZIP + 4 6700 Antioch Road Suite 460						
							Phone no 🕨 (913) 378-1100
M = 1.1	he ID	S die cho -	this retu	merriam, KS 66204	above? (see instructions)		1	Tyes TNo
.∵ıcıy l	יוב דע	o discuss	, tiliə ietu	with the bighalet Showll	apove (see moriarining)			l ico i ino

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE UNIVERSITY OF KANSAS CENTER FOR RESEARCH, INC IS A NOT-FOR-PROFIT ORGANIZATION THAT OPERATES UNDER THE ADMINISTRATIVE JURISDICTION OF THE UNIVERSITY OF KANSAS THE CENTER ADMINISTERS SPONSORED AGREEMENTS TO CONDUCT RESEARCH AND TRAINING FOR THE UNIVERSITY THE CENTER'S REVENUES AND OTHER SUPPORT ARE DERIVED PRINCIPALLY FROM FEDERAL, STATE, AND PRIVATE GRANTS, AND ITS ACTIVITIES ARE CONDUCTED PRINCIPALLY IN LAWRENCE, KS

2	Did the organization undertake any s the prior Form 990 or 990-EZ? .			which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?			nducts, any program	⊤Yes ✓ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achiev Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	anızatıons and secti	on 4947(a)(1) trusts a	re required to report the an	
4a	(Code) (Expenses s	\$ 116,137,370	ıncludıng grants of \$) (Revenue \$)
	Administration of Sponsored research Project	cts for the University of K	ansas		
4b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4с	(Code) (Expenses s	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe	ın Schedule O)			
	(Expenses \$	ıncludıng grants o	f \$) (Revenue \$)
4e	Total program service expenses►\$	116,137,37	0		
					Form 990 (2009)

Part TV	Checklist	t of De	auired	Schadule	_
anu w	CHECKIIS	L UI KE	uuneu	Scheuule	- :

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			_
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		Νο
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	Yes	
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	

	Part V	Statements	Regarding	Other IRS	Filings and	l Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Νο
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		Νο
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		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			14.0
	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

2385 IRVING HILL ROAD LAWRENCE, KS 66045 (785) 864-7239

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 18			
b	Enter the number of voting members that are independent 1b 3			
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		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		110
	Thus the organization provided a copy of this Form 550 to an intempers of its governing body before ining the form	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		
	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		Νo
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► KS			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply 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 interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n)
	CFO Linda Sadler	_		

Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Highest compensated employee Key employee Officei Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
See add'l data										

227	4 977 378

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

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

Section B. Independent Contractors

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
LH HEIMBACH INC 14230 S SHANNON LN OLATHE, KS 660625832	CONSULTING	158,519
LAWRENCE DG COUNTY BIOSCIENCES AUTH 2029 Becker Drive Suite 100 LAWRENCE, KS 660471620	ECONOMIC DEVELOPMENT	250,000
KU MED CENTER RESEARCH INSTITUTE INC 3901 RAINBOW KANSAS CITY, KS 66160	RESEARCH	755,625
DESIGN ANALYSIS AND RESEARCH CORP 1440 WAKARUSA DRIVE LAWRENCE, KS 660493879	RESEARCH DESIGNS	127,813
BECKLOFF ASSOCIATES 3203 SOLUTIONS CENTER CHICAGO, IL 606773002	CONSULTING	350,434
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization ► 5

Page 8 544,138

Form 99								Page 9
Part	/111	Statement o	or kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इध	1a	Federated cam	paıgns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership du	ies 1b					
£.	C		ents 1c					
풀	d		zations 1d					
ons, sim	e	Government grant			ļ			
弄	f	sımılar amounts no	ot included above					
### To ###	g		ibutions included in					
S E	h		s 1a-1f	▶	0			
				Business Code				
enu	2a	Research Income		541,700	144,906,449	144,906,449		
æ	ь							
46.e	C							
Program Serwce Revenue	d							
Ë	e	A II akkan na ana						
Đ Ç	'	All other progra	am service revenue					
	g		s 2a – 2f		144,906,449			
	3		ome (including dividend ar amounts)	. F	1,483,450			1,483,450
	4		stment of tax-exempt bond p	· · ·	0			, ,
	5	Royalties		• [221,369	221,369		
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	(II) O ther	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O thei				
	Ь	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d		ss)		0			
Other Revenue	8a	events (not inc \$ of contributions	rom fundraising luding s reported on line 1c) ne 18					
<u>-</u>	.		a					
듐	b с		penses b (loss) from fundraising (events 🕨	0			
-	9a	Gross income f	from gaming activities ne 19					
	b c		penses b (loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		loss) from sales of inve		0			
	4.4	Miscellaneous		Business Code 541,700	י ארט באר	י אבי באר		
	11a	Service Center	·	453,220	3,253,525 6,193	3,253,525	6,193	
	b с	Retail Sales Other Revenue		900,099	1,499,488	1,499,488		
	d	All other revenue		.,	, , ,	, , ,		
	e	Total. Add lines	L		4,759,206			
	12	Total revenue.	See Instructions	*	151,370,474	149,880,831	6,193	1,483,450

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to		s (B), (C), and ((B)	(D).	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors, trustees, and key employees	909,899	501,736	408,163			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0					
7	Other salaries and wages	58,340,501	51,879,490	6,461,011			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0					
9	Other employee benefits	12,371,017	10,842,610	1,528,407			
10	Payroll taxes	0					
11	Fees for services (non-employees)						
а	Management	0					
b	Legal	356,660		356,660			
c	Accounting	242,229		242,229			
d	Lobbying	0					
e	Professional fundraising See Part IV, line 17	0					
f	Investment management fees	0					
g	Other	19,039,240	17,872,226	1,167,014			
12	Advertising and promotion	0					
13	Office expenses	1,704,986	974,162	730,824			
14	Information technology	2,867,100	1,946,269	920,831			
15	Royalties	0					
16	Occupancy	2,048,511	515,455	1,533,056	_		
17	Travel	4,448,379	3,735,386	712,993			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	4,897,188	4,393,568	503,620			
20	Interest	2,782,170		2,782,170			
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	3,910,741		3,910,741			
23	Insurance	52,503	28,419	24,084			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Supplies	8,137,574	7,086,157	1,051,417			
b	Research Expenditures	7,051,393	6,796,891	254,502			
С	Misc	231,354	123,781	107,573			
d	Dues & Fees	10,233,255	9,441,220	792,035			
e							
f	All other expenses	0					
25	Total functional expenses. Add lines 1 through 24f	139,624,700	116,137,370	23,487,330	0		
26	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						

Part X Balance Sheet (A) (B) Beginning of year End of vear 0 1 1 Cash—non-interest-bearing 11.668.044 2 15,343,157 2 ٥ 3 3 4 21,407,707 4 23.489.360 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 1.000.000 Notes and loans receivable, net 7 8 0 0 9 Land, buildings, and equipment cost or other basis Complete 44.902.360 10a 10a Part VI of Schedule D 10b 24.627.256 20.275.104 b Less accumulated depreciation 17,732,851 10c 26.364.541 26.474.857 11 11 12 0 12 Investments—other securities See Part IV, line 11 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 1.204.364 1.176.380 15 15 16 78,377,507 16 87,758,858 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 15.589.639 17 14,941,198 17 Accounts payable and accrued expenses . 18 18 11,413,731 19 13,383,853 19 20 16,304,225 20 16,041,734 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 40,712,848 38.693.521 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 84,020,443 26 83,060,306 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -5.642.936 4.698.552 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances -5,642,936 33 4,698,552 34 Total liabilities and net assets/fund balances 78.377.507 34 87,758,858

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? 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	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

UNIVERSITY OF KANSAS CENTER FOR RESEARCH

Internal Revenue Service

h

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.

Public Charity Status and Public Support

Inspection

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		ınstructıons))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

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

S	ection A. Public Support	ou checked the	box on line 3,	7, 01 0 01 Tale.	1.)		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	136,834,86	3 124,777,368	129,104,191	128,074,088	148,379,924	667,170,434
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its						0
3	behalf The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	136,834,86	3 124,777,368	129,104,191	128,074,088	148,379,924	667,170,434
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						0
	(f)						
6	Public Support. Subtract line 5 from line 4						667,170,434
S	ection B. Total Support				1	I	
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	beginning in) A mounts from line 4	136,834,863	1,891,313	129,104,191	128,074,088	148,379,924	667,170,434
8	Gross income from interest,	130,031,003	1,031,313	123,101,131	120,07 1,000	110/37 5/32 1	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,682,073	1,891,313	1,870,881	1,163,505	1,483,450	8,091,222
9	Net income from unrelated business activities, whether or not the business is regularly carried on			137	166	1,419	1,722
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	5,940	458,476	1,726,680	1,605,081	1,505,681	5,301,858
11	Total support (Add lines 7 through 10)						680,565,236
12	Gross receipts from related activi					12	
13	First Five Years If the Form 990 is check this box and stop here	s for the organizat	ion's first, second	, thırd, fourth, or [.]	fifth tax year as a	501(c)(3) organız	ration, ▶┌
	ection C. Computation of Pu						
14	Public Support Percentage for 200	•		11 column (f))		14	98 030 %
15	Public Support Percentage for 200	•	•			15	98 260 %
16a	33 1/3% support test—2009. If the and stop here. The organization qu				line 14 is 33 1/3%	or more, check t	his box ► ✓
b	33 1/3% support test—2008. If the	_			5a, and line 15 is 3	33 1/3% or more,	- -
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization part IV how the organization me	t—2009. If the organization meets the "	ganization did not of facts and circums	check a box on lii tances" test, che	ck this box and st	op here. Explain	► :ed
Ь	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organization	anızatıon meets tl	ne "facts and circu	ımstances" test,	check this box and	stop here.	▶ ┌
18	Explain in Part IV how the organize supported organization Private Foundation If the organization instructions						▶⊏ ▶⊏
	matiuctiona						F

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493041005071

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	IME of the organization IVERSITY OF KANSAS CENTER FOR RESEARCH	Employer ıd	ent ı fı c a	ition numbe	ır
		48-068011			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a	section 52	27 org	janizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	rt IV			
2	Political expenditures	>	\$		
3	V olunteer hours		_		
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	F	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$ <u></u>		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	✓ No
4a	Was a correction made?			☐ Yes	✓ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exempt under section 501(c) except	section 5	01(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function a	ctivities 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section exempt funtion activities	527 ►	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b ►	\$		
4	Did the filing organization file Form 1120-POL for this year?			┌ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 politics were made. For each organization listed, enter the amount paid from the filing organization's fund contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in	ds Also ente tion, such as	r the ar	mount of po	litical

contributions received that wer	on listed, enter the amount paid fro re promptly and directly delivered to ittee (PAC) If additional space is r	o a separate politi	cal organization, such as a	
(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of politic

(a) Name	(b) Address	(c) EIN	filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	d Form 5768	(election				
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,			
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing (b) Affilia Organization's Group Totals Totals		
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)				
b	Total lobbying expenditures to influence a legisla						
c	Total lobbying expenditures (add lines 1a and 18	b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both				
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00			
	Over \$17,000,000	\$1,000,000					
		•					
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)					
h	Subtract line 1g from line 1a If zero or less, enter	er -0-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No	
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five	
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots non-taxable amount						

Sche	edule C (Form 990 or 990-EZ) 2009				Р	age 3
Pa	rt III-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	3
		(a	a)		(b)	
		Yes	No	'	A mour	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			7	78,320
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νο			
j	Total lines 1c through 1:				7	78,320
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912		ı			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5),	or s	ectio Yes	n No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	165	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		-	3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5	01(c	1(5)	or s	ectio	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".					••
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pä	art IV Supplemental Information					
Со	omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	l Part	II-B, lın	ie 1ı		
	Tdentifier Peturn Peterence Evnlanat	ion				

DLN: 93493041005071

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

		Employer identification number				
ONI	EKSILI OF KANSAS CENTEK FOK KESEAKCH		48-0680117			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of an autral habitat Preservation of a certified historic structure Preservation of conservation easements 1 Total number of conservation easements 1 Total acreage restricted by conservation easements included in (c) acquired after 8/17/06 2 A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 2 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 3 A Mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ 3 Does ach conservation easement reported on line 2(d) above satisfy the requirements of section			L Company of the Comp			
	organization answered "Yes" to Form 99		(h) Euroda and ather accounts			
	Tetal number at and of year	(a) Donor advised lunds	(b) Funds and other accounts			
	•					
	,					
5	<u> </u>	<u> </u>				
5			·			
		ient of the donor or donor advisor, or for ar				
Par		if the organization answered "Yes" to	Form 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the o	rganization (check all that apply)				
	igcap Preservation of land for public use (e g , recreat	ion or pleasure) Γ Preservation of an	historically importantly land area			
	Protection of natural habitat	Preservation of a c	ertified historic structure			
	Preservation of open space					
2		ified conservation contribution in the form	of a conservation			
	easement on the last day of the tax year]	Held at the End of the Year			
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
	·	-	2c			
		` `				
		· · · ·				
•		erreu, rereaseu, extiliguistieu, or terifiliate	d by the organization during			
1	Number of states where property subject to conserve	ation easement is located ►	_			
5						
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year ▶			
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year ► \$			
3	•	2(d) above satisfy the requirements of sec				
•	balance sheet, and include, if applicable, the text of	the footnote to the organization's financial	• •			
ar	Organizations Maintaining Collection	ons of Art, Historical Treasures, o	or Other Similar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	116, not to report in its revenue stateme for public exhibition, education or researc	th in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	· · · · · · · · · · · · · · · · · · ·			
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain, provide the			
а	Revenues included in Form 990, Part VIII, line 1		▶ \$			

Assets included in Form 990, Part X

Peli	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	eası	ures, or O	<u>the</u>	<u>r Similar As</u>	sets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat aı	re a sıgnıfıca	nt u	se of its collect	ion	
а	Public exhibition		d	Γ	Loand	orexc	hange progr	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	/ furthe	rthe	organızatıon	's e×	empt purpose i	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Par	Part IV, line 9, or reported an an						n answered	Y" b	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribut	tions	or other ass	etsı		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г		An	nount	
c	Beginning balance							1c			
d	Additions during the year						-	1d			
e	Distributions during the year							1e			
f	Ending balance						-	1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								'		,
	t V Endowment Funds. Complete		n ans	were	ed "Yes	s" to	Form 990.	Par	t IV. line 10.		
	Enactment and complete	(a)Current Year		Prior `			vo Years Back			(e)Four	Years Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
b	Permanent endowment 🕨 %										
С	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re held	and a	admınıstered	for	the		
	organization by									Yes	No
	(i) unrelated organizations			•		•		•	3a(
	(ii) related organizations							•	3a(+
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•				•		•	3t)	
	t VI Investments—Land, Buildings					an p	art Y line	1 0			
Fell	Threstments—Land, Buildings	s, and Equipme	iii. 3				,		(a) Assumulated	T	
	Description of investment				Cost or o		(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) B	ook value
1a	and		•				393,	,918			393,918
b I	Buildings		•								
	_easehold improvements			1							
c I				_							
	Equipment						44,240,	,224	24,582,18	1	19,658,043
d e (Equipment	<u> </u>						,224	24,582,18: 45,07:		19,658,043 223,143

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Part XII Reconciliation of Change in Net Assets from Form 990 to Financial Statem	ents	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	151,370,474
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	139,624,700
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	11,745,774
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-1,404,286
9 Total adjustments (net) Add lines 4 - 8	9	-1,404,286
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,341,488
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue		, ,
1 Total revenue, gains, and other support per audited financial statements	1	151,370,474
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	151,370,474
A mounts 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		
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		151,370,474
art XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es per	
1 Total expenses and losses per audited financial statements	1	139,624,700
2 A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	139,624,700
A mounts 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		
c Add lines 4a and 4b	4c	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	139,624,700
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 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

Ident if ier	Return Reference	Explanation				
Part XI, Line 8	Part XI, Line 8 Other Changes in	Transfer of Assets to KU \$ -1404286				
	Net Assets or Fund Balances					

DLN: 93493041005071

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

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.

Open to Public Inspection

LIN	IVERSITY OF KANSAS CENTER FOR RESEARCH		iipioyei idelitii iedtioi	ıı ııdıı	IDCI	
ON	VERSIT OF RANSAS CENTER FOR RESEARCH	4.8	3-0680117			
Pa	rt I Questions Regarding Compensation		, 000011,			
	tuo menena me				Yes	Νo
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Housing allowance or residence for pe				
	Travel for companions	Payments for business use of persona				
	Tax idemnification and gross-up payments	Health or social club dues or initiation				
	Discretionary spending account	Personal services (e.g., maid, chauffe				
			, ,			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b		
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Di			2		
			· -			
3	Indicate which, if any, of the following the organization i	uses to establish the companyation of the				
•	organization's CEO/Executive Director Check all that					
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensation	n committee			
4	During the year, did any person listed in Form 990, Paror a related organization	t VII, Section A, line 1a with respect to the	filing organization			
а	Receive a severance payment or change-of-control pay	ment?		4a		Νo
Ь	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	d compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for each item in F	art III			
	Only 501(c)(3) and 501(c)(4) organizations only must	complete lines F.O				
5	For persons listed in form 990, Part VII, Section A, line	-				
3	compensation contingent on the revenues of	e Ta, did the organization pay or accrue any				
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a, did the organization pay or accrue any				
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc	· · · · · · · · · · · · · · · · · · ·	ixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III	•	l l	8		Νo
9	If "Yes" to line 8 did the organization also follow the re	huttable presumption procedure described	ın Regulations	-		

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp									
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns		
See Additional Data Table	_	(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation			benefits	(B)(ı)-(D)	Form 990 or	
	See Additional Data Table								

Part III Supplemental Information

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

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

(Form 990)

Department of the Treasury

DLN: 93493041005071

OMB No 1545-0047

Schedule K (Form 990) 2009

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.

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number UNIVERSITY OF KANSAS CENTER FOR RESEARCH 48-0680117 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes Kansas Development Finance Construct University Research Х Authority 48-1066589 48542KKC2 10-12-2006 16.379.826 Х Building **Proceeds** Α В C D Ε Total proceeds of issue 16,379,826 Gross proceeds in reserve funds 2 1,623,018 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 396,826 Working capital expenditures from proceeds Capital expenditures from proceeds 14,400,000 Year of substantial completion 2009 Yes No Yes No Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No Yes No No Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х which may result in private business use?

Cat No 50193E

	edule K (Form 990) 2009											Page 2
Par	t IIII Private Business Use (Continued)											
			Α	DI -	В	B1 -	V	C	W = -	D	W = -	E
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	o the	Yes X	No	Yes	No	Yes	No	Yes	No	Yes	No
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		X								
3с	Does the organization routinely engage bond counsel or other of counsel to review any management or service contracts or resultagreements relating to the financed property?			Х								
4	Enter the percentage of financed property used in a private bus by entities other than a section 501(c)(3) organization or a sta government			0 %								
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your /		0 %								
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and proceensure the post-issuance compliance of its tax-exempt bond littly Arbitrage		Χ									
F.C.	Albitrage		A		В		С		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									
2	Is the bond issue a variable rate issue?		V									
			X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and											
	records?		X									
b	Name of provider	NA										
c	Term of hedge											
4a	Were gross proceeds invested in a GIC?	X										
b	Name of provider	Trinity Plus										
c	Term of GIC		19 0000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X										
5	Were any gross proceeds invested beyond an available temporary period?		x									
6	Did the bond issue qualify for an exception to rebate?											

Χ

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DLN: 93493041005071

OMB No 1545-0047

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.

Open to Public Inspection

	^t t he organizat ion TY OF KANSAS CENTER FOR RESE	ARCH				Employer identification	n number
Part I	Excess Benefit Tran	sactions (s		and section 501	(c)(4) orga	48-0680117 nizations only).	
	Complete if the organization						40b
1	(a) Name of disqu	alıfıed person		(b) Desc	ription of trai	nsaction	(c) Corrected ² Yes No
sect	er the amount of tax impose tion 4958 er the amount of tax, if any,					e year under •• \$	
Part II	Loans to and/or F Complete if the organize			00 Dort IV June 26	or Form 000) E7 Dort V line 20a	
	Complete if the organiza		res on Form 95	90, Part IV, line 26	, or Form 990	(f)	
(a) Name	e of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	(e) In default?	Approved	(g) Written agreement?
		To From			Yes No	Yes No	Yes No
Total .			► \$				
Part III	Grants or Assistant Complete if the organ				/ line 27		
(a	a) Name of Interested perso	/1	b) Relationship bety	ween interested per organization	rson	A mount of grant or type	of assistance
Part IV					/ line 20a /	28h or 28c	
(a)	Complete if the organ	(b) betw	vered "Yes" on F) Relationship veen interested irson and the	(c) A mount of		28D, Or 28C. scription of transaction	(e) Sharing of organization's revenues?
		· · · · · · · · · · · · · · · · · · ·	organization	tiansaction			Yes No
DONNA J	OHNSON	DIREC	TOR	255,1	.99 GRANTS		No
MICHAEL	RECKLOFE	DIDEC	TOP	350.4	34 DECILIA	TO DV CONSULTING	N o

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DLN: 93493041005071

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Inspection

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE N

Liquidation, Termination, Dissolution or Significant Disposition of Assets ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions or plans.

► Attach to Form 990 or 990-EZ.

Internal Revenue Service Name of the organization

UNIVERSITY OF KANSAS CENTER FOR RESEARCH

Employer identification number

48-0680117

Part I Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f) Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity

2	Did or wil	lany	officer,	dırector,	trustee	, or k	ey empl	loyee o	fthe	organizatio	on
---	------------	------	----------	-----------	---------	--------	---------	---------	------	-------------	----

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 🕨

_		Yes	No
	2a		
	2b		
	2c		
Ī	2d		
-			

Pa	rt I Liquidation, Termination										
	Note. If the organization distributed all	of its assets duri	ng the tax year, then For	m 990, Part X, column (B) should equal -0-			Yes	No		
3	Did the organization distribute its asse	ts ın accordance	with its governing instru	ment(s)? If "No," describ	e in Part III		. 3	_			
4a	Did the organization request or receive	a determination	letter from EO Determina	ations that the organizati	on's exempt status wa	as terminated?	48	'			
b	(If "Yes," provide the date of the letter	<u> </u>	<u> </u>				. . 5a	ļ	ļ		
5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?											
b If "Yes," did the organization provide such notice?											
Did the organization discharge or pay all liabilities in accordance with state laws?											
7a	•	•					. 7		<u> </u>		
b	Did the organization discharge or defea					laws?	. 71	<u>' </u>			
c Pa	rt II Sale, Exchange, Dispositi Form 990, Part IV, line 32, c	ion or Other 1	ransfer of More Th	nan 25% of the Org	anization's Asse	ts. Complete if the organization	answere	d "Yes	" to		
1	(a)Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses		(e)EIN of recipient	(f)Name and address of recipient	of re tax-ex	IRC section (IRC section) IRC section (IRC) (IRC) empt) or of entity	ı (ıf		
Ca	apitalized Research Equipment	06-30-2010	1,404,286	Book Value	48-1124839	KU University of Kansas	GOVERN	MENT			
						1450 Jayhawk Blvd Lawrence, KS 66045					
2 a b	Did or will any officer, director, trustee, Become a director or trustee of a succe Become an employee of, or independen	essor or transfere	e organization?	organization?					No		
_	Become a direct or indirect owner of a s	successor or tran	sferee organization?				20	: T			

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

2d

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Identifier Return Reference Explanation

Schedule N (Form 990 or 990-EZ) 2009

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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization UNIVERSITY OF KANSAS CENTER FOR RESEARCH **Employer identification number**

48-0680117

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	INFORMATION REQUIRED TO BE MADE AVAILABLE, IS MADE AVAILABLE ON REQUEST REQUESTS TO VIEW THE INFORMATION ARE SCHEDULED IN ADVANCE DURING NORMAL BUSINESS HOURS						
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	ORGANIZATION STAFF AND COMPENSATION ARE MANAGED THROUGH PERSONNEL POLICIES AND PROCEDURES ADMINISTERED BY THE UNIVERSITY OF KANSAS						
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE EXECUTIVE COMMITTEE PERIODICALLY REVIEWS AND MONITORS WRITTEN POLICY AS IT RELATES TO ANY POTENTIAL CONFLICTS OF INTEREST						
Form 990, Part VI, Line 11 Form 990 Review Process		A DRAFT FORM 990 IS REVIEWED AT THE FINANCE AND AUDIT COMMITTEE MEETING AND FORWARDED TO THE EXECUTIVE COMMITTEE FOR FINAL APPROVAL						

SCHEDULE R (Form 990)

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

DLN: 93493041005071

2009

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Department of the Treasury Internal Revenue Service

Name of the organization
UNIVERSITY OF KANSAS CENTER FOR RESEARCH

Employer identification number

48-0680117

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

(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	
KU University of Kansas						
1450 Jayhawk Blvd	Education	KS	Government		University of Kansas	
Lawrence, KS 66045 48-1124839 KU Health Partners						
3901 Rainbow Blvd	Managed Care Contracts	KS	501(c)3	5	N/A	
Kansas City, KS 66160 48-1149398 KU Medical Center Research Properties	,		, ,			
3901 Rainbow Blvd	Acquiring and Developing	KS	501(c)3	5	N/A	
Kansas City, KS 66160 48-1172394	Property	NO.	301(0)3	ĵ	.,	
KU Medical Center Research Inst Inc						
3901 Rainbow Blvd	Grants Administration	KS	501(c)3	5	N/A	
Kansas City, KS 66160 48-1008830						
KU Athletics Inc						
Allen Fieldhouse 1651 Naismith Dr	Athletics	KS	501(c)3	5	N/A	
Lawrence, KS 66045 48-6033929						
KU Memorial Corporations						
1301 Jayhawk Blvd	Bookstore, Restaurants, Meeting Rooms	KS	501(c)3	5	N/A	
Lawrence, KS 66045 48-6033927	recting Rooms					
KU Center for Technology Commercializati						
3901 Rainbow Blvd	Patents, Copywrites	KS	501(c)3	5	N/A	
Kansas City, KS 66160 26-2838693						

or more related tax-exempt organizations during the tax year.)

(j)

General or

managing

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)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

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

(5)

(6)

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

Yes

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

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?

а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No			
b	Gift, grant, or capital contribution to other organization(s)	1b		No			
c	Gıft, grant, or capital contribution from other organization(s)	1 c	Yes				
d	d Loans or loan guarantees to or for other organization(s)						
е	Loans or loan guarantees by other organization(s)	1e		No			
f	Sale of assets to other organization(s)	1f		No			
g	Purchase of assets from other organization(s)	1 g		No			
h	Exchange of assets	1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No			
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No			
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No			
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes				
n	Sharing of paid employees	1n		No			
0	Reimbursement paid to other organization for expenses	10	Yes				
р	Reimbursement paid by other organization for expenses	1p		No			
q	O ther transfer of cash or property to other organization(s)	1q	Yes				
r	O ther transfer of cash or property from other organization(s)	1r		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						
	(b) Transaction		(c)				
	type(a-r)	mount	involve	ed			
(1) k	(U University of Kansas		1,40	4,286			
(2) k	(U University of Kansas		82,22	28,612			
(3) k	CU Medical Center Research Inst Inc		3,72	27,032			
(4) k	CU Memorial Corporations		16	1 073			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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Software Version: 2009v1.7

EIN: 48-0680117

Name: UNIVERSITY OF KANSAS CENTER FOR RESEARCH

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity			(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	
KU University of Kansas	Education	KS	Government		University of Kansas	
1450 Jayhawk Blvd Lawrence, KS66045 48-1124839						
KU Health Partners	Managed Care Contracts	KS	501(c)3	5	N/A	
3901 Rainbow Blvd Kansas City, KS66160 48-1149398						
KU Medical Center Research Properties	A cquiring and Developing Property	KS	501(c)3	5	N/A	
3901 Rainbow Blvd Kansas City, KS66160 48-1172394	Developing Froperty					
KU Medical Center Research Inst Inc	Grants Administration	KS	501(c)3	5	N/A	
3901 Rainbow Blvd Kansas City, KS66160 48-1008830						
KU Athletics Inc	Athletics	KS	501(c)3	5	N/A	
Allen Fieldhouse 1651 Naismith Dr Lawrence, KS66045 48-6033929						
KU Memorial Corporations	Bookstore, Restaurants, Meeting Rooms	KS	501(c)3	5	N/A	
1301 Jayhawk Blvd Lawrence, KS66045 48-6033927						
KU Center for Technology Commercializati	Patents, Copywrites	KS	501(c)3	5	N/A	
3901 Rainbow Blvd Kansas City, KS66160 26-2838693						

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Name: UNIVERSITY OF KANSAS CENTER FOR RESEARCH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI (ii) Bonus &	SC compensation (iii) Other	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ		
	Compensation	incentive compensation	compensation						
Victor Frost	(I) (II) 230,699		32,998	22,695	5,145	291,537			
Victor Bailey	(I) (II) 140,035		24,957	13,949	5,145				
Stuart Bell	(I) (II) 226,339		27,413	20,825	5,255				
Steve Warren	(I) 61,385 (II) 184,156		8,896 26,688	5,206 15,619	879 2,638	76,366			
Sara Rosen	(I) (II) 126,178		8,085	11,819	5,145	151,227			
Robert Hemenway	(I) (II) 311,425		33,084	28,930	5,145	378,584			
Rick McMullen	(I) (II) 128,587		7,846	11,475	3,517	151,425			
Richard Lariviere	(I) (II) 146,162		36,292	19,550		202,004			
Richard Ginsberg	(I) (II) 172,170		7,666	15,640	5,303	200,779			
Paulette Spencer	(I) (II) 178,959		11,499	16,364	5,145				
Mary Lee Hummert	(I) (II) 143,125		33,370		3,517	180,012			
Mabel Rice	(I) (II) 213,947		39,756	21,324	3,504	278,531			
Leonard Krishtalka	(I) (II) 177,200		35,610	18,631	5,336	236,777			
Kristin Bowman-James	(I) (II) 199,283		13,282	18,201	5,145	235,911			
Ken Audus	(I) (II) 189,986		36,145	19,550	5,145	250,826			
Kathy Suprenant	(I) (II) 87,145		28,675	9,904	3,467	129,191			
Joshua Rosenbloom	(I) 111,199 (II) 27,800		17,260 4,315	11,084 2,771	4,127 1,032	143,670 35,918			
Joseph Steinmetz	(I) (II) 147,505		10,900			158,405			
John Colombo	(I) 17,635 (II) 158,717		3,681 33,128	1,845 16,607	528 4,754	23,689 213,206			
Joe Heppert	(I) (II) 129,659		14,932	12,537	5,180	162,308			
Joanne Nagel	(I) (II) 164,543		12,174	15,076	3,605	195,398			
James Roberts	(I) (II) 184,629		17,679	18,762		221,070			
George Wilson	(I) (II) 165,242		37,744	17,075	5,145	225,206			
Diane Goddard	(I) (II) 148,085		12,674	13,685	3,517	177,961			
Danny Anderson	(I) (II) 169,249		13,550	15,936	5,186	203,921			
Bernadette Gray-Little	(I) (II) 87,244		55,449	11,810	1,226	155,729			

Director

Software ID: **Software Version:**

EIN: 48-0680117

Name: UNIVERSITY OF KANSAS CENTER FOR RESEARCH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (check all Name and Title Average Reportable Reportable Estimated hours that apply) compensation compensation amount of other per from the from related compensation Highest compensated week organization (Worganizations from the Institutional Trustee or director Individual trustee Ø 2/1099-MISC) (W-2/1099organization and MISC) related Former emplo) ee organizations Victor Frost 0 0 Χ 263,697 27,840 Director Victor Bailey 0 19,094 0 Χ 164,992 Director Theresa Gordzica 0 123,398 5,432 1 00 Х Director Stuart Bell 0 Х 0 253,752 26,080 Director Steve Warren 70,281 210,844 24,342 40 00 Х Χ President Sara Rosen 40 00 Χ 0 134,263 16,964 Vice President Robert Hemenway 0 344,509 34,075 0 Χ lC haırman Rick McMullen 14,992 40 00 Χ 0 136,433 Manager Richard Lariviere 0 182,454 19,550 0 Х Vice Chair Richard Ginsberg 20,943 0 179,836 1 00 Х Director Paulette Spencer 0 190,458 21,509 1 00 Х Director Michael Beckloff 1 00 0 0 0 Director Mary Lee Hummert 0 Χ 0 176,495 3,517 Vice President Mabel Rice 0 253.703 24,828 0 Х Director Lında Sadler 40 00 Х 96,475 0 13,714 CFO Leonard Krishtalka 0 Х 0 212,810 23,967 Director Krıstın Bowman-James 1 00 0 212,565 23,346 Director Kevin Boatright 40 00 Х 104,696 0 14,391 Manager Ken Audus 0 24,695 1 00 Χ 226,131 Director Kathy Suprenant 13,371 0 115,820 0 Χ Director Joshua Rosenbloom 19,014 128,459 32,115 40 00 Х Х Vice President Joseph Steinmetz 0 Χ 0 158,405 0 Director John Colombo 21,316 191,845 23,734 1 00 Χ Director Joe Heppert 40 00 Χ Χ 0 144,591 17,717 Vice President Joanne Nagel 0 176,717 18,681 1 00 Χ

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
James Roberts President	0			•	•		Х	0	202,308	18,762
George Wilson Vice President	40 00	Х		X				0	202,986	22,220
Donna Johnson Director	1 00	Х						0	0	0
Diane Goddard Treasurer	1 00	Х		X				0	160,759	17,202
Danny Anderson Vice Chair	1 00	X		X				0	182,799	21,122
Daniel Getman Director	1 00	Х						0	0	0
Bernadette Gray-Little Chairman	1 00	Х		X				0	142,693	13,036