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Form 990  Department of the Treasury Internal Revenue Service	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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEWMAN UNIVERSITY INC	D Employer identification number 48-0556716
	Doing Business As	E Telephone number (316) 942-4291
	Number and street (or P O box if mail is not delivered to street address) 3100 MCCORMICK AVENUE	Room/suite
	G Gross receipts \$ 33,319,072	
	City or town, state or country, and ZIP + 4 WICHITA, KS 672132097	
	F Name and address of principal officer NOREEN CARROCCI 3100 MCCORMICK AVENUE WICHITA, KS 672132097	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NEWMAN.U.EDU		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1933
		M State of legal domicile KS

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities NEWMAN UNIVERSITY IS A CATHOLIC UNIVERSITY NAMED FOR JOHN HENRY CARDINAL NEWMAN AND FOUNDED BY THE ADORERS OF THE BLOOD OF CHRIST FOR THE PURPOSE OF EMPOWERING GRADUATES TO TRANSFORM SOCIETY 		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	730
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	22,631
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-10,424
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,134,173	1,104,038
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,559,174	30,303,375
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	951,154	1,304,416
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,068	485,374
		29,649,569	33,197,203
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,691,041	10,109,071
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,354,302	12,938,526
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 530,783		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,083,180	10,039,896
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,128,523	33,087,493
	19 Revenue less expenses Subtract line 18 from line 12	-478,954	109,710
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	60,580,724	62,644,279
	21 Total liabilities (Part X, line 26)	26,985,119	27,136,727
	22 Net assets or fund balances Subtract line 21 from line 20	33,595,605	35,507,552

Part II	Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

Sign Here	***** Signature of officer	2012-05-15 Date			
	MARK DRESSSELHAUS VP OF ADMIN AND FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name STEVEN L WEBB	Preparer's signature STEVEN L WEBB	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ BKD LLP				Firm's EIN ▶
	Firm's address ▶ 1551 N WATERFRONT PKWY STE 300 WICHITA, KS 672066601				Phone no ▶ (316) 265-2811
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

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

If "Yes," describe these new services on Schedule O

3

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

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 27,205,268 including grants of \$ 10,109,071) (Revenue \$ 30,792,529)

NEWMAN UNIVERSITY PROVIDED EDUCATIONAL PROGRAMS AND COURSES FOR 3,957 STUDENTS WHO ENROLLED IN 56,485 CREDIT HOURS 566 DEGREES WERE ISSUED BY THE UNIVERSITY NEWMAN UNIVERSITY STUDENTS AND STAFF PROVIDED OVER 30,000 VOLUNTEER HOURS OF SERVICE TO THE LOCAL COMMUNITY AND NON-PROFIT AGENCIES

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)























(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 27,205,268

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	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 "Yes," complete Schedule G, Part I (see instructions).</i> 	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a101		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a730		
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 (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MARK DRESSELHAUS 3100 MCCORMICK AVENUE WICHITA, KS 672132097 (316) 942-4291

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								881,650	0	112,296

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

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*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Yes

No

3 No

4 Yes

5 No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GREAT WESTERN CAMPUS DINING	FOOD SERVICE	568,125
ROYALL AND COMPANY	RECRUITING	344,349
VILLAGE CHARTERS	TRANSPORTATION	118,676
SIMPSON ASSOCIATES	CONSTRUCTION	249,325
SMART SECURITY INVEST	SECUIRTY SERVICE	138,390

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

Form 990 (2010)

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	105,360				
	d Related organizations 1d	110,950				
	e Government grants (contributions) 1e	84,518				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	803,210				
	g Noncash contributions included in lines 1a-1f \$	44,650				
	h Total. Add lines 1a-1f	1,104,038				
	Program Service Revenue	2a TUITION & FEES	611600	27,467,763	27,467,763	
b AUXILIARY ENTERPRISES		611710	2,835,612	2,809,180	26,432	
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		30,303,375				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		242,695		242,695
		4 Income from investment of tax-exempt bond proceeds . .		0		
	5 Royalties		0			
	6a Gross Rents	(i) Real 13,204	(ii) Personal			
	b Less rental expenses	17,005				
	c Rental income or (loss)	-3,801				
	d Net rental income or (loss)		-3,801	-3,801		
	7a Gross amount from sales of assets other than inventory	(i) Securities 1,130,247	(ii) Other 0			
	b Less cost or other basis and sales expenses	0	68,526			
	c Gain or (loss)	1,130,247	-68,526			
	d Net gain or (loss)		1,061,721		1,061,721	
	8a Gross income from fundraising events (not including \$ 105,360 of contributions reported on line 1c) See Part IV, line 18	a 32,558				
	b Less direct expenses b	36,338				
	c Net income or (loss) from fundraising events . .		-3,780		-3,780	
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . .		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold b					
c Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue	Business Code					
11a BAD DEBT RECOVERIES	900099	118,362	118,362			
b INTEREST ON STUDENT RECEIVABLES	900099	85,462	85,462			
c STUDY ABROAD	900099	67,485	67,485			
d All other revenue		221,646	221,646			
e Total. Add lines 11a-11d		492,955				
12 Total revenue. See Instructions		33,197,203	30,769,898	22,631	1,300,636	

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	10,109,071	10,109,071		
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	810,488	268,689	435,224	106,575
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	16,744	12,842	3,902	
7	Other salaries and wages	9,490,769	7,383,352	1,895,161	212,256
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	394,593	297,032	90,262	7,299
9	Other employee benefits	1,522,191	1,122,276	341,036	58,879
10	Payroll taxes	703,741	523,469	159,071	21,201
a	Fees for services (non-employees)				
	Management	0			
b	Legal	13,323	10,218	3,105	
c	Accounting	80,526	61,759	18,767	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	150,625		150,625	
g	Other	1,669,495	1,264,030	384,112	21,353
12	Advertising and promotion	405,616	309,108	93,932	2,576
13	Office expenses	1,191,587	774,026	387,304	30,257
14	Information technology	398,233	305,422	92,811	
15	Royalties	0			
16	Occupancy	956,533	733,184	223,349	
17	Travel	899,925	638,992	194,177	66,756
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,037,872	795,988	241,884	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,726,039	1,323,772	402,267	
23	Insurance	142,135	109,009	33,126	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BOOKS/RESOURCE MATERIALS	649,266	620,261	28,041	964
b	MEMBERSHIPS	88,575	65,886	20,022	2,667
c	BAD DEBTS	513,153	393,559	119,594	
d	—				
e	—				
f	All other expenses	116,993	83,323	33,670	
25	Total functional expenses. Add lines 1 through 24f	33,087,493	27,205,268	5,351,442	530,783
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				842,736	1	775,858
	2	Savings and temporary cash investments				91,991	2	125,550
	3	Pledges and grants receivable, net				1,394,681	3	1,072,070
	4	Accounts receivable, net				686,238	4	710,151
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				305,349	8	339,097
	9	Prepaid expenses and deferred charges				46,916	9	72,840
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	54,573,096	36,525,919	10c	35,406,111	
	b	Less: accumulated depreciation	10b	19,166,985				
	11	Investments—publicly traded securities				12,476,739	11	16,438,435
	12	Investments—other securities. See Part IV, line 11				5,918,034	12	4,812,233
	13	Investments—program-related. See Part IV, line 11				237,808	13	219,874
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				2,054,313	15	2,672,060
16	Total assets. Add lines 1 through 15 (must equal line 34)				60,580,724	16	62,644,279	
Liabilities	17	Accounts payable and accrued expenses				1,397,639	17	1,668,596
	18	Grants payable					18	
	19	Deferred revenue				1,076,071	19	1,199,118
	20	Tax-exempt bond liabilities				17,195,000	20	20,155,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties				6,860,235	23	3,651,660
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				456,174	25	462,353
	26	Total liabilities. Add lines 17 through 25				26,985,119	26	27,136,727
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				12,041,717	27	12,986,109
	28	Temporarily restricted net assets				2,198,190	28	2,953,668
	29	Permanently restricted net assets				19,355,698	29	19,567,775
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				33,595,605	33	35,507,552
	34	Total liabilities and net assets/fund balances				60,580,724	34	62,644,279

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,197,203
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,087,493
3	Revenue less expenses Subtract line 2 from line 1	3	109,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,595,605
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,802,237
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	35,507,552

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization NEWMAN UNIVERSITY INC	Employer identification number 48-0556716
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 purpose						
3 Gross receipts from activities that 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 48-0556716

Name: NEWMAN UNIVERSITY INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JV JOHNSTON CHAIRMAN OF THE BOARD/TRUSTEE	1 0	X		X				0	0	0	
LARRY P SCHUMACHER TRUSTEE	1 0	X						0	0	0	
BARBARA BAER CSJ TRUSTEE	1 0	X						0	0	0	
ROSE THERESE BAHR ASC TRUSTEE	1 0	X						0	0	0	
SHERYL BAKER TRUSTEE	1 0	X						0	0	0	
MARY CATHERINE CLARK ASC TRUSTEE	1 0	X						0	0	0	
DENISE ANN CLIFFORD SL TRUSTEE	1 0	X						0	0	0	
GLENN DUGAN TRUSTEE	1 0	X						0	0	0	
REV MSGR ROBERT HEMBERGER TRUSTEE	1 0	X						0	0	0	
GERRY KILLEEN TRUSTEE	1 0	X						0	0	0	
MICHAEL LUDLOW MD TRUSTEE	1 0	X						0	0	0	
ARCHIE MACIAS TRUSTEE	1 0	X						0	0	0	
TONY MADRIGAL TRUSTEE	1 0	X						0	0	0	
MICHAELNE D MARINGER TRUSTEE	1 0	X						0	0	0	
JAN RENZ ASC TRUSTEE	1 0	X						0	0	0	
GABRIELLE ROWE ASC TRUSTEE	1 0	X						0	0	0	
DOUGLAS L STANLEY VICE CHAIRMAN/TRUSTEE	1 0	X		X				0	0	0	
ELAINE VITELLO TRUSTEE	1 0	X						0	0	0	
GERALD T AARON TRUSTEE	1 0	X						0	0	0	
REV ROBERT SCHREMMER TRUSTEE	1 0	X						0	0	0	
BOB SIMPSON TRUSTEE	1 0	X						0	0	0	
LINDA SNOOK TRUSTEE	1 0	X						0	0	0	
NOREEN CARROCCI PRESIDENT	40 0	X		X				218,864	0	20,860	
KENNETH C DOONAN TRUSTEE	1 0	X						0	0	0	
VERA ROBL TRUSTEE	1 0	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RENE STEVEN BRAND TRUSTEE	1 0	X						0	0	0
BART GRELINGER TRUSTEE	1 0	X						0	0	0
CHRISTINE SIEFERS TRUSTEE	1 0	X						0	0	0
JACQUELINE VIETTI TRUSTEE	1 0	X						0	0	0
STEPHEN WILLIAMSON TRUSTEE	1 0	X						0	0	0
MARK DRESSELHAUS V P FOR FINANCE	40 0			X				98,264	0	9,969
TOM BORREGO V P FOR ADVANCEMENT	40 0			X				99,474	0	18,805
RHONDA CANTRELL V P FOR HUMAN RESOURCES	40 0			X				85,783	0	7,796
JOHN CLAYTON DEAN OF ADMISSIONS	40 0			X				79,614	0	8,419
MICHAEL AUSTIN V P FOR ACADEMIC/AFFAIRS	40 0			X				80,400	0	8,393
VICTOR TRILLI DIRECTOR OF ATHLETICS	40 0			X				75,339	0	27,812
TRACY MCGAREY SECRETARY OF CORPORATION	40 0			X				37,989	0	1,133
SHARON NIEMANN DIR OF CRNA PROGRAM	40 0					X		105,923	0	9,109

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

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

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

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 a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)	Revenues included in Form 990, Part VIII, line 1	► \$ _____ 0
(ii)	Assets included in Form 990, Part X	► \$ _____ 0

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a	Revenues included in Form 990, Part VIII, line 1	► \$ _____ 0
b	Assets included in Form 990, Part X	► \$ _____ 0

Part III

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

3

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

a

☒

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☒ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	15,913,854	14,393,930	18,606,837		
b Contributions	206,310	199,368	173,695		
c Investment earnings or losses	2,933,371	2,416,284	-3,526,867		
d Grants or scholarships	299,365	415,670	226,912		
e Other expenditures for facilities and programs	559,541	530,806	491,016		
f Administrative expenses	150,625	149,252	141,807		
g End of year balance	18,044,004	15,913,854	14,393,930		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 94 244 %

c

Term endowment ▶ 5 756 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

(ii)

related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		522,409		522,409
b Buildings		43,657,349	13,128,877	30,528,472
c Leasehold improvements				
d Equipment		5,349,399	4,035,000	1,314,399
e Other		5,043,939	2,003,108	3,040,831
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				35,406,111

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	33,197,203
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,087,493
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	109,710
4	Net unrealized gains (losses) on investments	4	1,802,237
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,802,237
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,911,947

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	24,863,421
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,802,237
b	Donated services and use of facilities	2b	1,808
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	121,869
e	Add lines 2a through 2d	2e	1,925,914
3	Subtract line 2e from line 1	3	22,937,507
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150,625
b	Other (Describe in Part XIV)	4b	10,109,071
c	Add lines 4a and 4b	4c	10,259,696
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	33,197,203

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	22,951,474
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,808
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	121,869
e	Add lines 2a through 2d	2e	123,677
3	Subtract line 2e from line 1	3	22,827,797
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150,625
b	Other (Describe in Part XIV)	4b	10,109,071
c	Add lines 4a and 4b	4c	10,259,696
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	33,087,493

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
Organizations Maintaining Collections of Art, Historical Treasures	SCHEDULE D, PART III, LINE 1A	COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS ARE NOT CAPITALIZED IN AS MUCH AS THE ITEMS ARE PRESERVED AND CARED FOR CONTINUOUSLY. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT REPORTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DISPOSAL OF AND INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. THE UNIVERSITY'S COLLECTIONS CONSIST OF APPROXIMATELY 50 SMALL SCULPTURES AND VARIOUS PAINTINGS. THEY ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THE DISPOSITION OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER COLLECTION ITEMS. NO COLLECTION ITEMS WERE SOLD OR REMOVED IN THE YEAR ENDED JUNE 30, 2011.
ORGANIZATION'S COLLECTIONS	SCHEDULE D, PART III, LINE 4	THE UNIVERSITY'S COLLECTIONS CONSIST OF APPROXIMATELY 50 SMALL SCULPTURES AND VARIOUS PAINTINGS. THE ART COLLECTIONS ENHANCE THE ART AND RELIGIOUS PROGRAMS OF THE UNIVERSITY.
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO UNDERWRITE SCHOLARSHIPS AND EDUCATIONAL ACTIVITIES.
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
RECONCILIATION OF REVENUES	SCHEDULE D, PART XII, LINE 2D	RENTAL EXPENSES 17,005 SPECIAL EVENT EXPENSES 36,338 LOSS ON SALE OF ASSETS 68,526 ----- 121,869
RECONCILIATION OF REVENUES	SCHEDULE D, PART XII, LINE 4B	SCHOLARSHIPS 10,109,071
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	RENTAL EXPENSES 17,005 SPECIAL EVENT EXPENSES 36,338 LOSS ON SALE OF ASSETS 68,526 ----- 121,869
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 4B	SCHOLARSHIPS 10,109,071

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number

48-0556716

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

YES NO

1

Yes

2

Yes

3

Yes

4a

Yes

4b

Yes

4c

Yes

4d

Yes

5a

No

5b

No

5c

No

5d

No

5e

No

5f

No

5g

No

5h

No

6a

Yes

6b

No

7

Yes

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
NONDISCRIMINATORY POLICY	SCHEDULE E, LINE 3	THE UNIVERSITY'S RACIALLY NONDISCRIMINATORY POLICY IS INCORPORATED INTO THE COURSE CATALOG, REGISTRATION SCHEDULES, STUDENT HANDBOOKS, NEWSPAPER ADS AND WRAPS AND THE UNIVERSITY'S WEBSITE
FINANCIAL AID & ASSISTANCE FROM GOVERNMENTAL AGENCY	SCHEDULE E, LINE 6A	PELL GRANT MONIES RECEIVED FROM THE FEDERAL GOVERNMENT FOR PAYMENT TO ELIGIBLE STUDENTS ARE ACCOUNTED FOR AS AGENCY TRANSACTIONS RATHER THAN BEING REPORTED AS REVENUE AND EXPENSE. DURING THE CURRENT YEAR, THE UNIVERSITY PROCESSED NEW LOANS UNDER THE FEDERAL DIRECT LOAN PROGRAM (WHICH INCLUDES STAFFORD LOANS AND PARENTS' LOANS FOR UNDERGRADUATE STUDENTS). FEDERAL DIRECT LOANS, FEDERAL PERKINS LOANS, FEDERAL PELL GRANTS, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, FEDERAL WORK-STUDY PROGRAM, FEDERAL ACADEMIC COMPETITIVENESS GRANT, FEDERAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT GRANT AND TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANT.

1

(i) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2010

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
GENERAL INFORMATION ON ACTIVITIES OUTSIDE U S	SCHEDULE F, PART I, LINE 3, COLUMN F	THE COLLEGE MAINTAINS SEPARATE COST CENTERS FOR EACH STUDY ABROAD TRIP PROGRAM TO ACCOUNT FOR THE ASSOCIATED EXPENDITURES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

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

☐ Yes

☐ No
- b

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

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

- 3

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

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		PARTY/PLAZA (event type)	JET OPEN (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	65,058	72,860	137,918
	2	Less Charitable contributions	49,966	55,394	105,360
	3	Gross income (line 1 minus line 2)	15,092	17,466	32,558
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	2,000		2,000
	6	Rent/facility costs	852	5,908	6,760
	7	Food and beverages	8,132	5,192	13,324
	8	Entertainment	5,200		5,200
	9	Other direct expenses	1,628	7,426	9,054
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			36,338
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-3,780

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

2

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

3

Enter total number of other organizations ▶

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	1202	10,109,071			

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

Identifier	Return Reference	Explanation
GENERAL INFORMATION ON GRANTS AND ASSISTANCE	SCHEDULE I, PART I, LINE 2	ALL GRANTS ARE INSTITUTIONAL FINANCIAL AID AND APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT BY THE UNIVERSITY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

Part I

Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NOREEN CARROCCI	(i) (ii)	168,421 0	15,000 0	35,443 0	14,834 0	6,026 0	239,724 0	 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS - NEWMAN UNIVERSITY PROVIDED TRAVEL FOR COMPANIONS TO NOREEN CARROCCI AND DID NOT INCLUDE THE FAIR MARKET VALUE OF THE TRAVEL IN HER W-2 BECAUSE IT WAS 100% NEWMAN UNIVERSITY BUSINESS. RESIDENCE FOR PERSONAL USE - NEWMAN UNIVERSITY PROVIDES HOUSING TO NOREEN CARROCCI AND DID INCLUDE THE FAIR MARKET VALUE OF THE HOUSING IN HER W-2. SOCIAL CLUB DUES - NEWMAN UNIVERSITY PROVIDED SOCIAL CLUB DUES TO NOREEN CARROCCI AND TOM BORREGO AND DID INCLUDE THE FAIR MARKET VALUE OF THE SOCIAL CLUB DUES IN THEIR W-2.
NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	NOREEN CARROCCI PARTICIPATED IN A 457(F) PLAN - \$10,000

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization NEWMAN UNIVERSITY INC										Employer identification number 48-0556716		

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	048526HN4	10-28-2006	8,000,000	EDUC FACILITIES REVENUE BOND		X		X		X
B	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	485435CZ2	05-31-2011	1,000,000	REVENUE ANTICIPATION BOND		X		X		X
C	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	048526HVR	03-15-2011	11,185,000	EDUC FAC REFUNDING & IMPROVEMENT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	8,000,000		1,004,430		11,185,000			
4	Gross proceeds in reserve funds	450,000				500,000			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	7,185,946				7,185,946			
7	Issuance costs from proceeds	174,100		17,752		210,054			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	986,678		986,678					
10	Capital expenditures from proceeds	7,375,900				458,653			
11	Other spent proceeds	2,575,340				2,575,340			
12	Other unspent proceeds	255,007				255,007			
13	Year of substantial completion	2007		2011		2011			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization NEWMAN UNIVERSITY INC	Employer identification number 48-0556716
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) DISCLOSURE NOT REQUIRED		29,872
(2) DISCLOSURE NOT REQUIRED		2,000
(3) DISCLOSURE NOT REQUIRED		3,821
(4) DISCLOSURE NOT REQUIRED		2,000
(5) DISCLOSURE NOT REQUIRED		1,000

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SAMUEL BORREGO	SEE PART V	16,744	EMPLOYMENT COMPENSATION		No
(2) SIMPSON ASSOCIATES CONSTRUCTION	SEE PART V	249,325	INDEPENDENT CONTRACTOR		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
RELATIONSHIP	SCHEDULE L, PART IV, COLUMN B	SAMUEL BORREGO IS A FAMILY MEMBER OF TOM BORREGO, V P FOR ADVANCEMENT SIMPSON & ASSOCIATES CONSTRUCTION IS AN ENTITY MORE THAN 35% OWNED BY BOB SIMPSON, TRUSTEE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	2	0	OPINION OF EXPERTS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	1	35,030	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (<u>WRESTLING EQUIP/ROOM</u>)	X	4	9,620	COST
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31			No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes		
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

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

Identifier	Return Reference	Explanation
NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED	SCHEDULE M, PART I, COLUMN B	THE NUMBER REPORTED IN COLUMN B IS A COMBINATION OF THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS CONTRIBUTED
NON-CASH CONTRIBUTIONS	SCHEDULE M, PART I, LINE 33	A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1G FOR ITEMS LISTED ON SCHEDULE M, PART I, LINE 1 BECAUSE NEWMAN UNIVERSITY DOES NOT CAPITALIZE ITS ART COLLECTIONS (AS ALLOWED UNDER SFAS 116)

2010

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	<p>WE ARE A CATHOLIC UNIVERSITY NAMED FOR JOHN HENRY CARDINAL NEWMAN AND FOUNDED BY THE ADORERS OF THE BLOOD OF CHRIST FOR THE PURPOSE OF EMPOWERING GRADUATES TO TRANSFORM SOCIETY. OUR CORE VALUES. NEWMAN UNIVERSITY'S MISSION STATEMENT IS GROUNDED IN THE FOLLOWING CORE VALUES: CATHOLIC IDENTITY ("WE ARE A CATHOLIC UNIVERSITY") AS A CATHOLIC INSTITUTION OF HIGHER LEARNING, NEWMAN FINDS GUIDANCE IN EX CORDE ECCLESIAE AND OTHER TEACHINGS OF THE CATHOLIC CHURCH AND DRAWS NOURISHMENT FROM ITS RELATIONSHIPS WITH SURROUNDING CATHOLIC COMMUNITIES AND DIOCESES. AT THE SAME TIME, OUR CATHOLIC IDENTITY IS DISTINCTIVELY SHAPED BY THE INFLUENCE BOTH OF OUR FOUNDERS AND SPONSORS, THE ADORERS OF THE BLOOD OF CHRIST, AND OF OUR NAMESAKE, THE CATHOLIC THEOLOGIAN AND EDUCATOR JOHN HENRY CARDINAL NEWMAN. FROM THE ADORERS, WE RECEIVE OUR SPECIAL MISSION OF DEVELOPING AND EMPOWERING OUR GRADUATES TO WORK FOR THE BETTERMENT OF SOCIETY-A MISSION INSPIRED BY THE ADORER'S OWN FOUNDER, SAINT MARIA DEMATIAS. FROM CARDINAL NEWMAN, WE INHERIT OUR VISION OF THE UNIVERSITY AS AN INSTITUTION THAT EDUCATES THE WHOLE PERSON TO SEEK THE TRUTH AND TO LEAD A MEANINGFUL AND PURPOSEFUL LIFE. FINALLY, WITH A STRONG LIBERAL ARTS FOUNDATION, OUR CURRICULUM HONORS THE RICHNESS AND VITALITY OF OUR CATHOLIC INTELLECTUAL HERITAGE WHILE AFFIRMING THE VALUE OF DIALOGUE INVOLVING PERSONS OF VARIED CULTURES AND RELIGIOUS TRADITIONS. ACADEMIC EXCELLENCE (NAMED FOR JOHN HENRY CARDINAL NEWMAN) FOLLOWING THE IDEALS OF CARDINAL NEWMAN, WE SEEK TO EDUCATE THE WHOLE PERSON. A FIRM GROUNDING IN THE LIBERAL ARTS STRENGTHENS ALL OUR PROGRAMS AND INSTILLS HABITS OF LIFELONG LEARNING THAT WILL ACCOMPANY GRADUATES AS THEY PURSUE A VARIETY OF PERSONAL, ACADEMIC, AND PROFESSIONAL GOALS. NEWMAN'S FACULTY STRIVES TO UTILIZE BEST PRACTICES IN INSTRUCTION, THE INSIGHTS DERIVED FROM SCHOLARLY RESEARCH, AND A CULTURE OF ASSESSMENT TO PROMOTE CLASSROOM AND PROGRAM IMPROVEMENT, WHILE THE SMALL COLLEGE ATMOSPHERE OF NEWMAN FACILITATES THE DEVELOPMENT OF AN ACTIVE, DYNAMIC LEARNING COMMUNITY. IN ADDITION, NEWMAN UNIVERSITY HAS A SPECIAL MISSION-TO MAKE AN ENVIRONMENT OF ACADEMIC EXCELLENCE AVAILABLE TO A DIVERSE RANGE OF STUDENTS AND TO EMPOWER THOSE STUDENTS, THROUGH THE EDUCATION WE PROVIDE, TO TRANSFORM THE WORLD. IN SUM, IT IS THE DEVELOPMENT OF THE INTELLECTUAL, MORAL, AND SPIRITUAL CAPABILITIES OF THE ENTIRE UNIVERSITY COMMUNITY COMBINED WITH OUR COLLECTIVE DEDICATION TO THE PROMOTION OF PEACE AND SOCIAL JUSTICE THAT CHARACTERIZES ACADEMIC EXCELLENCE AT NEWMAN UNIVERSITY. CULTURE OF SERVICE (AND FOUNDED BY THE ADORERS OF THE BLOOD OF CHRIST) THE PASSION TO SERVE OTHERS IS INTEGRAL TO THE MISSIONS OF BOTH NEWMAN UNIVERSITY AND THE ADORERS OF THE BLOOD OF CHRIST. WE ACTUALIZE THIS MANDATE BY FOSTERING A DISTINCTIVE CULTURE OF SERVICE IN WHICH EACH MEMBER OF THE COMMUNITY IS ENCOURAGED TO FIND PERSONALLY FULFILLING WAYS OF GROWING THROUGH GIVING. MANIFESTLY, GIFTS OF TIME AND TALENT ARE VISIBLE SYMBOLS OF OUR COMMITMENT TO TRANSFORMING THE HUMAN CONDITION, WHILE INWARDLY, SERVICE IS ALSO TRANSFORMATIVE FOR THE STUDENT WHO SUCCESSFULLY DEVELOPS A CRITICAL CONSCIOUSNESS THAT HUNGERS AND THIRSTS FOR JUSTICE AND PEACE. THROUGH OUR CHRIST-CENTERED HUMANITARIAN COMMITMENT TO SERVING THE UNDERSERVED, WE HONOR THAT COMMON MISSION WHICH WE SHARE WITH OUR FOUNDERS AND SPONSORS, NAMELY THAT OF DEVELOPING AND EMPOWERING PEOPLE. GLOBAL PERSPECTIVE (FOR THE PURPOSE OF EMPOWERING GRADUATES TO TRANSFORM SOCIETY) NEWMAN UNIVERSITY IS COMMITTED TO PROMOTING AN INTERDEPENDENT GLOBAL PERSPECTIVE FORMED BY A CRITICAL CONSCIOUSNESS THAT HUNGERS AND THIRSTS FOR JUSTICE AND PEACE. MORE THAN JUST AN AWARENESS OF OTHER CULTURES, SUCH A PERSPECTIVE AFFIRMS THE INTERDEPENDENT NATURE OF ALL OF CREATION. AT THE SAME TIME, IT SPEAKS TO THE IDEAL OF THE EDUCATED PERSON IN THE MODERN WORLD: A PERSON WHO POSSESSES A STRONG SENSE OF SELF YET EMBRACES DIFFERENCE, A PERSON WHO NOT ONLY SEEKS KNOWLEDGE BUT EFFECTIVELY APPLIES IT, A PERSON OF WIDE VISION WHO REMAINS WELL GROUNDED. TO THIS END, WE SEEK TO ENGAGE A DIVERSE ARRAY OF STUDENTS IN OUTSTANDING EDUCATIONAL EXPERIENCES DESIGNED TO CULTIVATE THE KNOWLEDGE, SKILLS, AND VALUES THEY WILL NEED TO BECOME LEADERS IN THE TRANSFORMATION OF AN INCREASINGLY COMPLEX AND INTERCONNECTED WORLD. THE NEWMAN CODE. ALL MEMBERS OF THE NEWMAN COMMUNITY PLEDGE TO LIVE BY THE NEWMAN CODE. REFLECTING THE SAME UNDERLYING IDEALS AS THE NEWMAN UNIVERSITY MISSION AND CORE VALUES, THE NEWMAN CODE SHOWS HOW EACH OF US CAN TRANSLATE THOSE IDEALS FROM THE INSTITUTIONAL LEVEL INTO PERSONAL THOUGHT AND ACTION. AS A MEMBER OF THE NEWMAN COMMUNITY, I PLEDGE TO LIVE IN THE SPIRIT OF CRITICAL CONSCIOUSNESS BY RESPECTING THE DIGNITY OF EVERY PERSON, HONORING BOTH PERSONAL AND INSTITUTIONAL INTEGRITY, AND STRIVING TO EMBRACE ALL HUMANITY. TO LIVE IN THE SPIRIT OF CRITICAL CONSCIOUSNESS. NEWMAN UNIVERSITY IS AN EDUCATIONAL COMMUNITY ROOTED IN JUDEO-CHRISTIAN PRINCIPLES THAT CHALLENGE</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	NGES ALL WHO JOIN IT TO ACCEPT THE RESPONSIBILITY OF FORMING A CRITICAL CONSCIOUSNESS THIS MEANS MORE THAN JUST LEARNING TO PERCEIVE INJUSTICE, IT ALSO MEANS DEVELOPING THE WILLINGNESS AND SKILLS TO TAKE ACTION AGAINST IT THROUGH THE POWER OF REASON AND AN EMBRACE OF T HE GOSPEL CALL TO LOVE OUR NEIGHBOR AS OURSELVES, WE STRIVE TO CREATE A MORE JUST AND PEAC EFUL WORLD THE NEWMAN CODE EXPRESSES OUR COMMITMENT TO ENGAGING THE WHOLE PERSON IN THE E FORT TO TRANSFORM SOCIETY TO RESPECT DIGNITY UNDERSTANDING THAT DIVERSE PERSPECTIVES ARE INTEGRAL TO A LEARNING ENVIRONMENT, WE VALUE THE INSIGHTS OF EVERY MEMBER OF THE NEWMAN CO MMUNITY WHEN DIFFERENCES OF OPINION AND BELIEF ARISE, WE PUT ASIDE PERSONAL PREJUDICES AN D LISTEN CAREFULLY WITH OPEN MINDS WE RESPOND CALMLY, THOUGHTFULLY, AND WITH CONSIDERATIO N FOR OPPOSING VIEWS AT ALL TIMES WE TREAT OTHERS WITH THE SAME RESPECT TO WHICH WE ARE E NTITLED WE UPHOLD, AND WHEN NECESSARY DEFEND, THE INHERENT DIGNITY AND THE FUNDAMENTAL RIGHTS OF ALL INDIVIDUALS MINDFUL OF EVERYONE'S NEED FOR CONDITIONS THAT SUPPORT THEIR WORK AND DEVELOPMENT, WE RESPECT BOTH PUBLIC AND PRIVATE PROPERTY AND WORK TO PROMOTE A SAFE A ND COOPERATIVE LEARNING ENVIRONMENT TO HONOR INTEGRITY CONFRONTING LIFE TRUTHFULLY, WE HO LD OUR WORD AS OUR BOND IF WE SAY WE WILL DO SOMETHING, WE DO IT WE BELIEVE THAT REMAINI NG TRUE TO OUR WORD, EVEN IN THE FACE OF TEMPTATION OR PERSECUTION, HAS A VALUE BEYOND MEA SURE BY PLEDGING TO HONOR OUR PERSONAL INTEGRITY, WE COMMIT OURSELVES TO BEING HONEST AND FORTHRIGHT AT ALL TIMES- IN THE CLASSROOM, ON THE PLAYING FIELD, AND IN OUR PRIVATE AND PR OFessional LIVES IN PARTICULAR, AS MEMBERS OF A COMMUNITY OF HIGHER LEARNING, WE HOLD ACA DEMIC INTEGRITY IN SPECIAL REGARD WE NEITHER PROVIDE NOR ACCEPT ANY UNAUTHORIZED AID ON A CADEMIC WORK IN ALL PERSONAL AND ACADEMIC MATTERS, WE ABIDE BY THE RELEVANT POLICIES AND CODES OF NEWMAN UNIVERSITY TO EMBRACE ALL HUMANITY EMBRACING HUMANITY MEANS CREATING A WE LCOMING CLIMATE OF KINDNESS, WARMTH, AND LOVE IT BEGINS WITH THOSE NEAREST US, BUT IT DOE S NOT END THERE PROMOTING RIGHT RELATIONSHIPS AMONG ALL INDIVIDUALS, WE SEEK TO FOSTER A CULTURE OF INCLUSION WHEREIN EVERY PERSON FEELS VALUED AND ENCOURAGED TO PERFORM TO HIS OR HER FULL AND UNIQUE POTENTIAL ALTHOUGH DIVERSE AS INDIVIDUALS, WE ARE UNITED AS MEMBERS OF ONE HUMAN FAMILY CONSCIOUS OF THIS, WE STRIVE TO LIVE IN THE SPIRIT OF THE GOOD SAMARI TAN BY SELFLESSLY CONSIDERING THE DISADVANTAGED AND OFFERING SERVICE TO THOSE IN NEED, SUP PORTING AND ASSISTING ONE ANOTHER IN OUR RESPECTIVE LIFE JOURNEYS

Identifier	Return Reference	Explanation
BUSINESS RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS SR JAN RENZ AND SR MARY CATHERINE CLARK HAVE A BUSINESS RELATIONSHIP BOARD MEMBERS BOB SIMPSON AND J V JOHNSTON HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
MEMBERS	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE CORPORATION SHALL CONSIST OF THE REGIONAL LEADER AND THE MEMBERS OF THE REGIONAL COUNCIL OF THE ADORERS OF THE BLOOD OF CHRIST, UNITED STATES REGION ("ADORERS CONGREGATION") A PUBLIC JURIDIC PERSON WHICH IS THE CANONICAL ANALOGUE OF THE ADORERS OF THE BLOOD OF CHRIST, UNITED STATES REGION, A MISSOURI PUBLIC BENEFIT NON-PROFIT CORPORATION ("ADORERS CORPORATION") "REGIONAL LEADER" MEANS THE PERSON WITH CANONICAL AUTHORITY FOR THE GOVERNANCE OF THE ADORERS CONGREGATION "REGIONAL COUNCIL" MEANS THE PERSONS SELECTED AND APPROVED ACCORDING TO THE CONSTITUTION WHO ASSIST AND ADVISE THE REGIONAL LEADER ACCORDING TO THE REQUIREMENTS OF CANON LAW AND THE CONSTITUTION OF THE ADORERS CONGREGATION AND HAVE THE POWERS ATTRIBUTED TO THEM IN THESE BYLAWS "CONSTITUTION" MEANS THE BASIC DOCUMENT WHICH SETS FORTH THE NORMS AND DIRECTIVES WHICH GOVERN THE ADORERS CONGREGATION AS PROMULGATED BY THE GENERAL SUPERIOR OF THE CONGREGATION ON JUNE 7, 1992, AND AS AMENDED FROM TIME TO TIME THE MEMBERS OF THE CORPORATION SHALL NOT BE ELECTED BUT RATHER SERVE EX OFFICIO BY VIRTUE OF THEIR APPOINTMENT AS REGIONAL LEADER AND AS MEMBERS OF THE REGIONAL COUNCIL OF THE ADORERS CONGREGATION, AND THEIR AUTHORITY AS MEMBERS SHALL DERIVE THEREFROM A MEMBER WHO CEASES TO BE REGIONAL LEADER OR CEASES TO BE A MEMBER OF THE REGIONAL COUNCIL SHALL SIMULTANEOUSLY CEASE TO BE A MEMBER OF THE CORPORATION

Identifier	Return Reference	Explanation
ELECT MEMBERS OF THE GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	THE REGIONAL LEADER AND THE REGIONAL COUNCIL OF THE ADORERS OF THE BLOOD OF CHRIST, UNITED STATES (ADORERS CONGREGATION), BEING THE MEMBERS, HAVE THE RIGHT TO APPROVE ALL OF NEWMAN UNIVERSITY'S BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO MEMBER APPROVAL	FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING ARE SUBJECT TO APPROVAL BY MEMBERS OF THE ADORERS GOVERNING BODY (A) TO APPROVE, MODIFY OR DISAPPROVE THE PHILOSOPHY OR CHARITABLE PURPOSE OF THE CORPORATION, (B) TO APPROVE, MODIFY OR DISAPPROVE THE MISSION STATEMENT OF THE CORPORATION, (C) TO APPROVE RESOLUTIONS SUBMITTED BY THE BOARD OF TRUSTEES PROPOSING AMENDMENTS TO THE CORPORATION'S ARTICLES OF INCORPORATION AND BY LAWS AND TO AMEND THE ARTICLES AND BY LAWS AS THE MEMBERS DEEM APPROPRIATE FROM TIME TO TIME, (D) TO APPROVE ANY MERGERS, CONSOLIDATIONS OR DISSOLUTION AND THE ACQUISITION OR CREATION OF SUBSIDIARY CORPORATIONS, (E) TO APPROVE THE SALE, PURCHASE OR ENCUMBRANCE OF REAL PROPERTY, (F) TO APPROVE NEW INDEBTEDNESS INCURRED BY THE CORPORATION IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000), (G) TO APPROVE THE APPOINTMENT AND DISMISSAL OF THE PRESIDENT OF THE CORPORATION WHICH DECISION WILL NOT BE UNREASONABLY WITHHELD, (H) TO APPROVE SUCCESSOR TRUSTEES PROPOSED BY THE TRUSTEES PURSUANT TO ARTICLE III, SECTION 2(F), (I) TO REMOVE IMMEDIATELY, WITH OR WITHOUT CAUSE, ANY OR ALL TRUSTEES UPON WRITTEN NOTICE DELIVERED TO THE REGISTERED OFFICE OF THE CORPORATION, AND (J) TO APPROVE AN ACTING PRESIDENT OF THE CORPORATION IF OTHER THAN THE PROVOST/VICE PRESIDENT FOR ACADEMIC AFFAIRS

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES THE FORM 990 THE AUDIT COMMITTEE THEN REVIEWS THE COMPLETE FORM 990 AND ALL REQUIRED SCHEDULES ANY QUESTIONS OR CONCERNS ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE THE FORM 990 AND ALL REQUIRED SCHEDULES, WITH THE EXCEPTION OF SCHEDULE B - CONTRIBUTORS, IS THEN ELECTRONICALLY PROVIDED TO THE ENTIRE GOVERNING BODY PRIOR TO FILING A PUBLIC DISCLOSURE COPY OF SCHEDULE B IS PROVIDED TO THE GOVERNING BODY IN ORDER TO RESPECT THE WISHES OF CONTRIBUTORS WHO WOULD LIKE TO REMAIN ANONYMOUS

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	<p>INDIVIDUALS (BOARD MEMBERS AND OFFICERS) ARE REQUIRED TO NOTIFY THE BOARD EACH YEAR OF ANY CONFLICT OF INTEREST ISSUES. THIS IS PERFORMED BY COMPLETING A REPORTING FORM AND IS DISCLOSED AT THE FIRST BOARD MEETING OF THE YEAR. ALSO, THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION IS CHARGED WITH REPORTING TO THE BOARD ANY BUSINESS TRANSACTIONS BETWEEN BOARD MEMBERS AND NEWMAN UNIVERSITY THAT EXCEED \$25,000. THE POLICY IS SPECIFIC ON THESE POINTS. THE BOARD IS RESPONSIBLE FOR DETERMINING WHETHER OR NOT A TRANSACTION CREATES A CONFLICT OF INTEREST. ONCE A POTENTIAL CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE BOARD OF TRUSTEES MAY TAKE ONE OR MORE OF THE FOLLOWING ACTIONS: (1) THE TRUSTEE WHO IS A COVERED PERSON MAY INFORM THE BOARD OF THE CONFLICT AND RECUSE HIM OR HERSELF FROM PARTICIPATION IN THE DISCUSSION AND REFRAIN FROM VOTING ON THE AGENDA ACTION ITEM. (2) THE BOARD OF TRUSTEES, AFTER APPROPRIATE DISCUSSION AND THROUGH A VOTE OF THE BOARD, SHALL DETERMINE, ON A SITUATION BY SITUATION BASIS, IF A CONFLICT OF INTEREST FOR A FINANCIAL TRANSACTION EXISTS. THE COVERED PERSON MAY PARTICIPATE IN THE DISCUSSION BUT MAY NOT VOTE ON THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS. IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COVERED TRUSTEE SHALL BE EXCLUDED FROM THE DISCUSSION AND FROM VOTING ON THE AGENDA ACTION ITEM. (3) IN CERTAIN CIRCUMSTANCES AND WHERE A CONFLICT OF INTEREST WAS NOT REPORTED BY THE COVERED PERSON, THE BOARD OF TRUSTEES MAY DISALLOW A FINANCIAL TRANSACTION, AND/OR SANCTION, REMOVE OR OTHERWISE DISCIPLINE THE COVERED PERSON/TRUSTEE. SUCH ACTION, IF DEEMED NECESSARY, SHALL BE ACCOMPLISHED IN EXECUTIVE SESSION BY A VOTE OF THE BOARD OF TRUSTEES. WHISTLEBLOWER POLICY FORM 990, PART VI, SECTION B, LINE 13. WHILE THE ORGANIZATION DID NOT HAVE A WRITTEN WHISTLEBLOWER POLICY IN PLACE AS OF 6/30/2011, MANAGEMENT RECOGNIZES THE IMPORTANCE OF HAVING ONE AND HAS PLANS TO IMPLEMENT ONE BY THE END OF THE NEXT TAX YEAR.</p>

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A	WHEN DETERMINING THE COMPENSATION OF THE PRESIDENT, NEWMAN UNIVERSITY OFFICIALS COMPARE SALARY LEVELS TO PUBLISHED DATA IN THE CHRONICLE OF HIGHER EDUCATION AND OTHER PROFESSIONAL JOURNALS FOR SIMILAR ORGANIZATIONS AN INDEPENDENT COMPENSATION CONSULTANT IS USED ALONG WITH A COMPENSATION SURVEY OR STUDY AND THE REVIEW OF THE FORM 990 OF OTHER ORGANIZATIONS THIS PROCESS WAS LAST UNDERTAKEN IN 2009

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15B	FOR OTHERS HIRED, CURRENT MARKET CONDITIONS ARE USED IN ADDITION TO COMPARISON OF PUBLISHED DATA IN THE CHRONICLE OF HIGHER EDUCATION AND OTHER PROFESSIONAL JOURNALS FOR SIMILAR ORGANIZATIONS

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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED GAINS ON INVESTMENTS 1,802,237

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARY CATHERINE CLARK ASC TITLE TRUSTEE HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAN RENZ ASC TITLE TRUSTEE HOURS 40

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NEWMAN UNIVERSITY INC

Employer identification number
48-0556716

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ADORERS OF THE BLOOD OF CHRIST US REGION 4233 SULPHUR AVENUE ST LOUIS, MO 63109 37-1402562	SUPPORT	MO	501(C)(3)	1	NA		
(2) LEAVEN INT'L CORPORATION 1165 SOUTHWEST BLVD WICHITA, KS 67213 48-0996031	SUPPORT	KS	501(C)(3)	1	ADORERS		

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

Yes

No

No

No

No

Yes

No

No

No

No

Yes

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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