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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
GRACELAND UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

1 UNIVERSITY PLACE

City or town, state or country, and ZIP + 4
LAMONI, IA 501401641

F Name and address of principal officer
JOHN SELLARS
1 FOUNDERS DRIVE
LAMONI,IA 50140

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GRACELAND EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1895

M State of legal domicile IA

Part I

Summary

Activities & Governance	<div>1</div> <div>Briefly describe the organization's mission or most significant activities</div> <div>GRACELAND CREATES LEARNING COMMUNITIES WHERE STUDENTS DEVELOP THEIR POTENTIAL FOR MEANINGFUL AND PRODUCTIVE LIVES</div>																							
	<div>2</div> <div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																							
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>25</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>23</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>1,183</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>284</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>490,769</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-98,854</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	25	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,183	6	Total number of volunteers (estimate if necessary)	6	284	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	490,769	7b	Net unrelated business taxable income from Form 990-T, line 34	7b
3	Number of voting members of the governing body (Part VI, line 1a)	3	25																					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23																					
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,183																					
6	Total number of volunteers (estimate if necessary)	6	284																					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	490,769																					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-98,854																					
Revenue	Prior Year		Current Year																					
	8	Contributions and grants (Part VIII, line 1h)	14,981,154	14,016,420																				
	9	Program service revenue (Part VIII, line 2g)	35,352,903	38,578,548																				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,067,021	350,476																				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	443,617	503,931																				
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,844,695	53,449,375																				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,223,030	12,562,520																				
	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)	20,133,929	20,480,172																				
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	35,588	32,581																				
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,606,627																						
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,938,460	16,558,542																				
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,331,007	49,633,815																				
	19	Revenue less expenses Subtract line 18 from line 12	4,513,688	3,815,560																				
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year																				
			104,462,043	113,294,150																				
			45,592,524	59,332,667																				
			58,869,519	53,961,483																				

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

Date

Preparer's signature

KAY HEGARTY

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)
P00091057

Firm's name (or yours if self-employed), address, and ZIP + 4

MCGLADREY LLP
221 THIRD AVENUE SE STE 300
CEDAR RAPIDS, IA 524011512

EIN ▶ 42-0714325
Phone no ▶ (319) 298-5333

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part IIISTatement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

THE PRIMARY MISSION OF GRACELAND UNIVERSITY IS TO BE A LEARNING COMMUNITY, WHERE STUDENTS DEVELOP THEIR POTENTIAL FOR MEANINGFUL AND PRODUCTIVE LIVES THROUGH INTELLECTUAL, PHYSICAL, SOCIAL AND SPIRITUAL GROWTH THIS MISSION IS GUIDED BY THE BELIEF THAT THE CURRICULUM OF GRACELAND UNIVERSITY SHOULD BE FIRMLY ROOTED IN THE BEST LIBERAL ARTS TRADITION, ENHANCED BY PRACTICAL EXPERIENCES THAT PREPARE STUDENTS FOR SUCCESSFUL CAREERS AS AN INSTITUTION DEDICATED TO THE WORTH OF ALL PERSONS, AS A PART OF ITS MISSION, GRACELAND UNIVERSITY ENDEAVORS TO FOSTER CHRISTIAN VALUES IN HARMONY WITH THE COMMUNITY OF CHRIST, ITS SPONSORING CHURCH TO ACHIEVE ITS MISSION, GRACELAND UNIVERSITY RELIES UPON AN INSIGHTFUL AND INSPIRED ADMINISTRATION, A COMPETENT AND DEDICATED FACULTY, A COMPASSIONATE AND CARING STAFF, AND INQUIRING STUDENTS COMMITTED TO PARTICIPATE IN THE PROCESS OF LIFE-LONG LEARNING

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 9,934,880 including grants of \$) (Revenue \$ 32,030,559)

EDUCATIONAL PROGRAMS, GENERAL/OTHER GRACELAND PRODUCES A LIBERAL ARTS EDUCATION OFFERED TO STUDENTS IN TRADITIONAL ON-CAMPUS PROGRAMS, SATELLITE (COMMUNITY COLLEGE) SITES, AND VIA DISTANCE LEARNING FORMATS 31 UNDERGRADUATE MAJORS ARE OFFERED, AS WELL AS MASTERS PROGRAMS IN EDUCATION, NURSING AND RELIGION GRACELAND UNIVERSITY IS A MEMBER OF THE NORTH CENTRAL ASSOCIATION AND IS ACCREDITED BY THE HIGHER LEARNING COMMISSION ACADEMIC SUPPORT INCLUDES ACCREDITATION AND ASSESSMENT ACTIVITIES, LIBRARIES, AND INSTRUCTIONAL TECHNOLOGY SUPPORT (1,958 FTE STUDENTS)

4b

(Code) (Expenses \$ 21,470,465 including grants of \$) (Revenue \$ 5,909,067)

STUDENT SERVICES PROGRAMS, GENERAL/OTHER STUDENT SERVICES ENCOMPASSES CULTURAL AND SOCIAL ACTIVITIES FOR STUDENTS, STUDENT GOVERNMENT, AND INTERCOLLEGIATE ATHLETICS IT ALSO INCLUDES THOSE OFFICES PROVIDING STUDENT SERVICES SUPPORT, INCLUDING ADMISSIONS, REGISTRAR AND OTHERS AUXILIARY SERVICES INCLUDES THE UNIVERSITY BOOKSTORE, FOOD SERVICE, RESIDENCE HALL, SNACK SHOP AND VENDING MACHINES

4c

(Code) (Expenses \$ 12,562,520 including grants of \$ 12,562,520) (Revenue \$)

STUDENT FINANCIAL AID PROGRAMS SCHOLARSHIPS, GRANTS AND OTHER STUDENT FINANCIAL ASSISTANCE WERE OFFERED TO APPROXIMATELY 99.5% OF OUR STUDENTS IN ON-CAMPUS AND SATELLITE PROGRAMS FUNDING IS PROVIDED THROUGH INSTITUTIONAL SOURCES, GOVERNMENT GRANT PROGRAMS ADMINISTERED BY THE UNIVERSITY, OR GOVERNMENT-SPONSORED LOAN PROGRAMS (2,318 STUDENTS)

(Code) (Expenses \$ 812,230 including grants of \$) (Revenue \$ 638,922)

TRIO PROGRAM-PUBLIC SERVICES PROVIDED TO SURROUNDING AREA CAMPUS TUTORING

4d

Other program services (Describe in Schedule O)

(Expenses \$ 812,230 including grants of \$) (Revenue \$ 638,922)























4e

Total program service expenses

\$ 44,780,095

Form 990 (2011)

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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI. 	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? If "Yes," complete Schedule D, Part VII. 	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? If "Yes," complete Schedule D, Part VIII. 	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? If "Yes," complete Schedule D, Part IX. 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II and IV 	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? If "Yes," complete Schedule F, Part III and IV 	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? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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>	35b	Yes	
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 <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	113
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	2a	1,183
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	Yes
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 or securities 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate 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		
1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23
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	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 CA
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 made 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 made 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. JANICE TIFFANY 1 UNIVERSITY PLACE LAMONI, IA 50140 (641) 784-5120

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

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	807,567	20,240	178,749

2 Total number of individuals (including but not limited to those listed in Item 3) who received more than \$100,000 of reportable compensation from the organization. **3**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JE DUNN CONSTRUCTION COMPANY 1001 LOCUST STREET KANSAS CITY, MO 64106	CONSTRUCTION	8,137,988
SODEXO FOOD SERVICE 1 UNIVERSITY PLACE LAMONI, IA 50140	FOOD SERVICE	2,192,400
GOULD EVANS ASSOCIATES 4041 MILL STREET KASAS CITY, KS 64111	ARCHITECTURAL SERVICES	699,960
MEYER HOLDINGS LLC 1950 E 45TH PL TULSA, OK 74105	CAPITAL LEASE	303,230
PROSSER WILBERT CONSTRUCTION INC 13730 WEST 108TH STREET LENEXA, KS 66215	CONSTRUCTION	248,045

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶8

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	14,183			
	d	Related organizations	1d	4,105,000			
	e	Government grants (contributions)	1e	1,690,312			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,206,925			
	g	Noncash contributions included in lines 1a-1f \$ 4,089,082					
	h	Total. Add lines 1a-1f		14,016,420			
Program Service Revenue	2a	TUITION AND FEES	Business Code 611600	32,030,559	32,030,559		
	b	AUXILIARY ENTERPRISES	611600	5,909,067	5,909,067		
	c						
	d						
	e						
	f	All other program service revenue		638,922	638,922		
	g	Total. Add lines 2a-2f		38,578,548			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		160,185		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real 34,711	(ii) Personal			
b		Less rental expenses	9,602				
c		Rental income or (loss)	25,109				
d		Net rental income or (loss)		25,109		21,589	3,520
7a		Gross amount from sales of assets other than inventory	(i) Securities 5,442,652	(ii) Other			
b		Less cost or other basis and sales expenses	5,252,361				
c		Gain or (loss)	190,291				
d		Net gain or (loss)		190,291			190,291
8a		Gross income from fundraising events (not including \$ 14,183 of contributions reported on line 1c) See Part IV, line 18					
a			28,198				
b		Less direct expenses	18,556				
c		Net income or (loss) from fundraising events . .		9,642			9,642
9a		Gross income from gaming activities See Part IV, line 19					
a							
b		Less direct expenses					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances					
a		982,380					
b	Less cost of goods sold . . .	513,200					
c	Net income or (loss) from sales of inventory . .		469,180		469,180		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		53,449,375	38,578,548	490,769	363,638	

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	12,562,520	12,562,520		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	871,547	67,599	623,939	180,009
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,305,539	12,960,100	747,305	598,134
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,577,030	1,377,964	130,281	68,785
9	Other employee benefits	2,824,872	2,319,267	317,945	187,660
10	Payroll taxes	901,184	787,429	74,448	39,307
11	Fees for services (non-employees)				
a	Management	117,607	59,258	58,288	61
b	Legal	21,768	9,849	5,035	6,884
c	Accounting	66,600		66,600	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	32,581			32,581
f	Investment management fees	201,312		201,312	
g	Other	9,811			9,811
12	Advertising and promotion	4,316,682	4,220,517	76,125	20,040
13	Office expenses	702,371	528,533	140,154	33,684
14	Information technology	2,438,110	2,166,110	140,585	131,415
15	Royalties	854,159	746,340	70,563	37,256
16	Occupancy	1,273,043	1,242,918	18,405	11,720
17	Travel	1,287,886	1,090,683	51,526	145,677
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	164,575	80,079	46,571	37,925
20	Interest	869,656	811,146	38,316	20,194
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,005,133	1,870,231	88,343	46,559
23	Insurance	716,163	434,199	274,841	7,123
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	ACCRETION,MISC,MERCHANT	822,773	832,608	686	-10,521
b	COST OF GOODS SOLD	514,667	507,390	7,577	-300
c	AMORTIZATION	112,954	105,355	4,976	2,623
d	COLLECTION EXPENSE	63,272		63,272	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	49,633,815	44,780,095	3,247,093	1,606,627
26	Joint costs. Check here <input 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			10,310	1	10,480
	2	Savings and temporary cash investments			4,706,166	2	3,544,613
	3	Pledges and grants receivable, net			2,656,932	3	4,201,398
	4	Accounts receivable, net			3,717,497	4	1,912,718
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			665,000	7	1,380,892
	8	Inventories for sale or use			379,737	8	385,832
	9	Prepaid expenses and deferred charges			853,732	9	871,474
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	99,604,960			
	b	Less: accumulated depreciation	10b	49,703,726	36,207,425	10c	49,901,234
	11	Investments—publicly traded securities			26,955,466	11	25,310,188
	12	Investments—other securities. See Part IV, line 11			13,049,192	12	13,899,391
	13	Investments—program-related. See Part IV, line 11			4,072,502	13	4,022,792
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,188,084	15	7,853,138
	16	Total assets. Add lines 1 through 15 (must equal line 34)			104,462,043	16	113,294,150
Liabilities	17	Accounts payable and accrued expenses			5,626,171	17	14,187,621
	18	Grants payable				18	
	19	Deferred revenue			2,417,645	19	3,302,590
	20	Tax-exempt bond liabilities			19,370,000	20	18,840,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			570,813	21	492,673
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties			3,007,799	24	3,040,034
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			14,600,096	25	19,469,749
	26	Total liabilities. Add lines 17 through 25			45,592,524	26	59,332,667
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			15,637,329	27	15,453,245
	28	Temporarily restricted net assets			19,138,978	28	14,031,228
	29	Permanently restricted net assets			24,093,212	29	24,477,010
	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			58,869,519	33	53,961,483
	34	Total liabilities and net assets/fund balances			104,462,043	34	113,294,150

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	53,449,375
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,633,815
3	Revenue less expenses Subtract line 2 from line 1	3	3,815,560
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,869,519
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,723,596
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	53,961,483

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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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

2011

Open to Public
Inspection

Name of the organization GRACELAND UNIVERSITY	Employer identification number 42-0707114
--	--

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 **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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization GRACELAND UNIVERSITY	Employer identification number 42-0707114
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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?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
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	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

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

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

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

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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
- | | |
|----|--------|
| | 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	41,444,848	38,472,135	37,510,314	55,439,287	
b Contributions	369,214	531,167	1,101,996	3,489,309	
c Investment earnings or losses	-551,181	3,899,610	1,959,825	-15,650,320	
d Grants or scholarships					
e Other expenditures for facilities and programs	2,511,463	1,458,064	2,100,000	5,767,962	
f Administrative expenses					
g End of year balance	38,751,418	41,444,848	38,472,135	37,510,314	

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶ 32 000 %
- b

Permanent endowment ▶ 60 000 %
- c

Term endowment ▶ 8 000 %
- 3a

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

unrelated organizations

(ii)

related organizations
- 3a(i)

Yes

No

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,006,727		1,006,727
b Buildings		66,164,016	29,635,689	36,528,327
c Leasehold improvements				
d Equipment		21,622,704	20,068,037	1,554,667
e Other		10,811,513		10,811,513
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				49,901,234

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	153,449,375
2	Total expenses (Form 990, Part IX, column (A), line 25)	249,633,815
3	Excess or (deficit) for the year Subtract line 2 from line 1	33,815,560
4	Net unrealized gains (losses) on investments	4-1,188,565
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-7,535,031
9	Total adjustments (net) Add lines 4 - 8	9-8,723,596
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-4,908,036

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	197,558,438
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a-1,188,565
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d62,061,459
e	Add lines 2a through 2d	2e60,872,894
3	Subtract line 2e from line 1	336,685,544
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	4a201,312
b	Other (Describe in Part XIV)	4b16,562,519
c	Add lines 4a and 4b	4c16,763,831
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	553,449,375

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	195,094,485
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d58,224,501
e	Add lines 2a through 2d	2e58,224,501
3	Subtract line 2e from line 1	336,869,984
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	4a201,312
b	Other (Describe in Part XIV)	4b12,562,519
c	Add lines 4a and 4b	4c12,763,831
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	549,633,815

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
	PART IV, LINE 2B	STUDENT DEPOSIT ACCOUNTS ARE HELD BY THE UNIVERSITY FOR VARIOUS STUDENT GROUPS ON CAMPUS AND ARE REPORTED AS LIABILITIES ON THE ORGANIZATION'S BALANCE SHEET
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	UNIVERSITY ENDOWMENT FUNDS ARE POOLED WITH AND HELD BY THE SPONSORING CHURCH, COMMUNITY OF CHRIST. ENDOWMENT DISTRIBUTIONS ARE USED FOR SCHOLARSHIP AND PROGRAM EXPENSES.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY AND THE CENTER ARE RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE UNIVERSITY AND CENTER MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES. THE UNIVERSITY AND CENTER FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS INCOME (UBIT) IS REPORTED ON FORM 990-T, AS APPROPRIATE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS TAX EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBIT. AS OF MAY 31, 2012 AND 2011, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY. FORMS 990 AND 990-T FILED BY THE UNIVERSITY AND CENTER ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR FISCAL YEARS ENDED MAY 31, 2008 AND PRIOR.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGES IN NET ASSETS OF RELATED ENTITY - THE CENTER -163,043. UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENTS -1,821,140. MINIMUM PENSION LIABILITY ADJUSTMENT -5,550,848. TOTAL TO SCHEDULE D, PART XI, LINE 8 -7,535,031.
PART XII, LINE 2D - OTHER ADJUSTMENTS		REVENUE OF RELATED ENTITY - THE CENTER 62,061,459.
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP/GRANT EXPENSE NETTED TO REVENUE 12,562,519. DISTRIBUTION FROM RELATED ENTITY - THE CENTER 4,000,000.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES OF RELATED ENTITY - THE CENTER 58,224,501.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP/GRANT EXPENSE NETTED TO REVENUE 12,562,519.

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

2011

Open to Public Inspection

Name of the organization
GRACELAND UNIVERSITY

Employer identification number
42-0707114

Part I		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
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	5b		No
	5c		No
	5d		No
	5e		No
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	5f		No
	5g		No
	5h		No
	6a	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	6b	Yes	
	7	Yes	
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			

Part II 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
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE NONDISCRIMINATION POLICY IS PUBLISHED ON THE UNIVERSITY'S WEBSITE AND IN THE APPLICATION FOR ENROLLMENT FORMS. SEE PART II FOR POLICY.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	6A) IN 2009-2010 THE UNIVERSITY RECEIVED GRANTS FROM THE U.S. DEPARTMENT OF EDUCATION (STUDENT SCHOLARSHIPS AND FINANCIAL AID GRANTS) AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (NURSING STUDENT GRANTS). THE UNIVERSITY ALSO RECEIVED FUNDS FROM THE DEPARTMENT OF EDUCATION FOR TRIO PROGRAM FUNDING. 6B) BASED ON THE DEPARTMENT OF EDUCATION RULING IN 1999, FEDERAL LOANS WERE NOT AWARDED TO STUDENTS IN OUR DISTANCE LEARNING (OUTREACH) PROGRAM BETWEEN 1999 AND DECEMBER 2003. THE PROGRAM WAS MODIFIED AND ONCE AGAIN APPROVED FOR TITLE IV ELIGIBILITY DURING THE 03-04 FISCAL YEAR.
NONDISCRIMINATION POLICY	SCHEDULE E, LINE 3	IT IS THE POLICY OF GRACELAND UNIVERSITY TO EXTEND EQUAL OPPORTUNITIES TO ALL APPLICANTS FOR EMPLOYMENT, TO ALL EMPLOYEES SEEKING ADVANCEMENT, AND TO ALL STUDENTS APPLYING FOR ENROLLMENT WHO MEET BASIC CRITERIA ESTABLISHED. IT IS FURTHER THE POLICY OF GRACELAND UNIVERSITY NOT TO DISCRIMINATE AGAINST ANY EMPLOYEE, PROSPECTIVE EMPLOYEE, STUDENT, OR PROSPECTIVE STUDENT ON THE BASIS OF RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, OR DISABILITY. GRACELAND UNIVERSITY IS COMMITTED TO THE ELIMINATION OF THOSE CONDITIONS AND ATTITUDES FROM WHICH DISCRIMINATION IS SPAWNED AND DESIRES TO GIVE LEADERSHIP IN SOLVING THOSE PROBLEMS THAT IMPEDE THE BROAD APPLICATION OF JUSTICE AND EQUITY IN ALL HUMAN RELATIONSHIPS. A UNIVERSITY WITH A CHRISTIAN COMMISSION HAS A MANDATE TO SEARCH FOR AND APPLY THESE PRINCIPLES OF FAIRNESS IN ALL ASPECTS OF ITS OPERATION OVER AND ABOVE ITS LEGAL OBLIGATION TO COMPLY WITH THE TENANTS OF EQUAL OPPORTUNITY REQUIREMENTS.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
GRACELAND UNIVERSITY

Employer identification number

42-0707114

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
NORTH AMERICA	0	0	FUNDRAISING	N/A	
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III

[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
METHOD USED TO ACCCOUNT FOR EXPENDITURES		

Identifier	Return Reference	Explanation
NORTH AMERICA FUNDRAISING	SCHEDULE F, PART I	THERE WERE SIGNIFICANT FUNDS RECEIVED FROM CANADIAN DONORS, WHICH ARE INCLUDED IN TOTAL CONTRIBUTION REVENUE AND THE SCHEDULE OF CONTRIBUTORS, AS APPLICABLE, BUT THERE WERE NO EXPENSES INCURRED TO RAISE THESE FUNDS

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

2011

Open to Public
Inspection

Name of the organization
GRACELAND UNIVERSITY

Employer identification number
42-0707114

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

b

☒

Internet and e-mail solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☐

Special fundraising events

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			
PRO COM INC PO BOX 27 LAMONI, IA 50140	TELEMARKETING FUNDRAISING		No	39,069	17,250	21,819
BARBARA MCKINNEY 1041 FOREST STREET LAMONI, IA 50140	GRANT WRITING		No	0	5,965	-5,965
Total ▶				39,069	23,215	15,854

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>AZ GOLF OUTING</u>	<u>AUCTION</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	19,500	14,041	8,840	42,381	
	2	Less Charitable contributions	9,336	1,886	2,961	14,183	
3	Gross income (line 1 minus line 2)	10,164	12,155	5,879	28,198		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	10,164	2,513	5,879	18,556	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(18,556)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					
						9,642	

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary Combine lines 1 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

Name of the organization
GRACELAND UNIVERSITY

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

2011

Open to Public
Inspection

Employer identification number
42-0707114

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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
See Additional Data Table					

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHOLARSHIPS/GRANTS ARE PROVIDED TO STUDENTS THROUGH FINANCIAL AID, BASED ON FINANCIAL NEED AND FEDERAL OR STATE MANDATED REGULATIONS DONOR RESTRICTED SCHOLARSHIPS ARE ALSO MONITORED AND DISTRIBUTED THROUGH FINANCIAL AID PROCESSES TO COVER EDUCATIONAL EXPENSES ESTIMATED OR CHARGED BY THE UNIVERSITY

Software ID:
Software Version:
EIN: 42-0707114
Name: GRACELAND UNIVERSITY

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
ACADEMIC SCHOLARSHIPS	584	3,433,087			
GRANTS IN AID	1034	7,759,090			
LEADERSHIP GRANTS	26	35,265			
PRIVATE COLLEGE TUITION EXCHANGE	5	74,705			
SKILLPATH GRANT	4	44,500			
SODEXHO GRANT	3	33,336			
STUDENT PRIZES AND AWARDS	1	500			
COC APPOINTEE GRANT	9	52,852			
CANADIAN MAPLE LEAF GRANT	14	13,500			
CERTIFICATE AWARDS	2	1,500			
ACADEMIC SCHOLARSHIPS - ADDITIONAL	288	522,614			
DHHS SCHOLARSHIPS	46	108,770			
SSS SUPPLEMENTAL GRANT	5	6,000			
SEOG GRANTS	355	308,499			
IOWA STATE GRANTS	5	3,338			
CCLP SCHOLARSHIPS	19	164,963			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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
GRACELAND UNIVERSITY

Employer identification number

42-0707114

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 checked="" 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 type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" 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 type="checkbox"/> Independent compensation consultant</div><div><input 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?	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	

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.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE PRESIDENT'S WIFE ACCOMPANIES HIM TO CERTAIN EVENTS WHEN DEEMED NECESSARY FOR THE GOOD OF THE UNIVERSITY. THE PRESIDENT HAS AUTHORITY OVER HIS OFFICE BUDGET, BUT NO FUNDS ARE AVAILABLE TO HIM FOR PERSONAL USE. THE PRESIDENT IS PROVIDED A RESIDENCE WHICH IS USED FOR UNIVERSITY FUNCTIONS. THE FAIR MARKET VALUE RENTAL OF \$18,000 PER YEAR, THE VALUE OF HOUSEKEEPING SERVICES OF \$1,098, AND THE VALUE OF UTILITIES/MAINTENANCE/OTHER PROVIDED OF \$10,407 IS INCLUDED IN NONTAXABLE BENEFITS ON SCH J, PART II, COLUMN (D).
	PART I, LINE 4B	JOHN SELLARS \$16,000 PARRIS WATTS \$10,000

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GRACELAND UNIVERSITY

Employer identification number
42-0707114

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 IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696		02-01-2003	15,900,000	CONSTRUCTION-CHILLER PLANT/HELENE CENTER, REFINANCING TWO PRIOR BOND ISSUES		X		X		X
B IOWA FINANCE AUTHORITY	52-1699886	462463AB6	09-25-2008	6,135,000	RESCH SCIENCE HALL RENOVATION		X		X		X

Part II Proceeds

				A	B	C	D
1	Amount of bonds retired						
2	Amount of bonds defeased						
3	Total proceeds of issue			15,927,058	6,161,292		
4	Gross proceeds in reserve funds						
5	Capitalized interest from proceeds						
6	Proceeds in refunding escrow			5,170,943			
7	Issuance costs from proceeds			229,057	136,307		
8	Credit enhancement from proceeds						
9	Working capital expenditures from proceeds						
10	Capital expenditures from proceeds			10,500,000	598,693		
11	Other spent proceeds						
12	Other unspent proceeds						
13	Year of substantial completion						
				Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X			X
15	Were the bonds issued as part of an advance refunding issue?				X		X
16	Has the final allocation of proceeds been made?			X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X	

Part III Private Business Use

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

Part III

Private 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				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 <div></div>								
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 <div></div>								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X				

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X					
b	Name of provider	BANK OF AMERICA		BANK OF AMERICA					
c	Term of hedge	25 0000000000000		25 0000000000000					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?	X			X				
6	Did the bond issue qualify for an exception to rebate?	X			X				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GRACELAND UNIVERSITY

Employer identification number
42-0707114

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) NOT APPLICABLE	NOT APPLICABLE	105,356

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
See Additional Data Table					

Part V

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

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 42-0707114
Name: GRACELAND UNIVERSITY

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
TAMMY EVERETT	SPOUSE OF KELLY EVERETT, OFFICER		MS EVERETT IS AN EMPLOYEE OF THE UNIVERSITY AND RECEIVED COMPENSATION OF \$81,237 DURING THE YEAR		No
KATIE PERSALL	SISTER OF KELLY EVERETT, OFFICER		MS PERSALL IS AN EMPLOYEE OF THE UNIVERSITY AND RECEIVED COMPENSATION OF \$17,723 DURING THE YEAR		No
BETTE SELLARS	SPOUSE OF JOHN SELLARS, OFFICER		MS SELLARS IS AN EMPLOYEE OF THE UNIVERSITY AND RECEIVED COMPENSATION OF \$17,833 DURING THE YEAR		No
LEE BASH	SPOUSE OF KATHLEEN CLAUSON-BASH, OFFICER		MR BASH PROVIDES CONSULTING SERVICES TO THE UNIVERSITY AND RECEIVED COMPENSATION IN THE AMOUNT OF \$47,678 DURING THE YEAR		No
F CHARLES PERSALL	BROTHER-IN-LAW OF KELLY EVERETT, OFFICER		MR PERSALL IS AN EMPLOYEE OF THE UNIVERSITY AND RECEIVED COMPENSATION OF \$46,907 DURING THE YEAR		No
RICK ISHAM	BROTHER-IN-LAW OF SHARON GRAYBILL, TRUSTEE		MR ISHAM IS AN EMPLOYEE OF THE UNIVERSITY AND RECEIVED COMPENSATION OF \$57,866 DURING THE YEAR		No
AVA LOU CARMICHAEL EAGLES	DAUGHTER OF DAVID CARMICHAEL, TRUSTEE		MS EAGLES IS EMPLOYED BY THE UNIVERSITY AND RECEIVED COMPENSATION OF \$88,906 DURING THE YEAR		No

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

2011

Open to Public Inspection

Name of the organization
GRACELAND UNIVERSITY

Employer identification number
42-0707114

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	5	91,494	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		31,397	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	3,945,966	FMV
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>SAXAPHONES</u>)	X	1	9,199	FMV
26 Other ► (<u>SUPPLIES</u>)	X	3	321	FMV
27 Other ► (<u>TRAVEL</u>)	X	11	10,705	FMV
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

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?

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?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

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

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

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
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	REPRESENTS NUMBER OF CONTRIBUTIONS

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization GRACELAND UNIVERSITY	Employer identification number 42-0707114
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	HELEN PEARSON SMITH, TRUSTEE AND ROBERT BRUCH, TRUSTEE HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	<p>THE BOARD OF TRUSTEES ADOPTED NEW BY LAWS ON FEBRUARY 18, 2012 THE SIGNIFICANT CHANGES TO THE BY LAWS ARE AS FOLLOWS</p> <p>1) ARTICLE I STATEMENT OF MISSION NOW READS "THE PRIMARY MISSION OF GRACELAND UNIVERSITY IS TO BE A LEARNING COMMUNITY, WHERE STUDENTS DEVELOP THEIR POTENTIAL FOR MEANINGFUL AND PRODUCTIVE LIVES THROUGH INTELLECTUAL, PHYSICAL, SOCIAL AND SPIRITUAL GROWTH THIS MISSION IS GUIDED BY THE BELIEF THAT THE CURRICULUM OF GRACELAND UNIVERSITY SHOULD BE FIRMLY ROOTED IN THE BEST LIBERAL ARTS TRADITION, ENHANCED BY PRACTICAL EXPERIENCES THAT PREPARE STUDENTS FOR SUCCESSFUL CAREERS AS AN INSTITUTION DEDICATED TO THE WORTH OF ALL PERSONS, AS A PART OF ITS MISSION, GRACELAND UNIVERSITY ENDEAVORS TO FOSTER CHRISTIAN VALUES IN HARMONY WITH THE COMMUNITY OF CHRIST, ITS SPONSORING CHURCH TO ACHIEVE ITS MISSION, GRACELAND UNIVERSITY RELIES UPON AN INSIGHTFUL AND INSPIRED ADMINISTRATION, A COMPETENT AND DEDICATED FACULTY, A COMPASSIONATE AND CARING STAFF, AND INQUIRING STUDENTS COMMITTED TO PARTICIPATE IN THE PROCESS OF LIFE-LONG LEARNING</p> <p>2) ARTICLE II - BOARD OF TRUSTEES AUTHORITY AND RESPONSIBILITIES - UPDATES THE AUTHORITY OF THE BOARD OF TRUSTEES TO INCLUDE THE FOLLOWING - DETERMINE AND PERIODICALLY REVIEW THE UNIVERSITY'S MISSION AND PURPOSES - APPOINT THE PRESIDENT, WHO SHALL BE THE UNIVERSITY'S CHIEF EXECUTIVE OFFICER, AND SET APPROPRIATE TERMS OF EMPLOYMENT, INCLUDING COMPENSATION - APPROVE THE MATERIAL TERMS OF EMPLOYMENT OF THE VICE PRESIDENTS AND OTHER SENIOR INSTITUTIONAL OFFICERS WHO SERVE AT THE PLEASURE OF THE PRESIDENT - SUPPORT THE PRESIDENT AND PERIODICALLY ASSESS HIS OR HER PERFORMANCE BASED ON MUTUALLY AGREED-UPON GOALS AND OTHER CRITERIA - REVIEW AND APPROVE PROPOSED CHANGES IN THE UNIVERSITY'S ACADEMIC PROGRAMS AND OTHER MAJOR ACTIVITIES CONSISTENT WITH THE UNIVERSITY'S MISSION, PLANS AND FINANCIAL RESOURCES - APPROVE INSTITUTIONAL POLICIES BEARING ON FACULTY APPOINTMENT, PROMOTION, TENURE, AND DISMISSAL AS WELL AS PERSONNEL AND ANTIDISCRIMINATION POLICIES FOR OTHER CATEGORIES OF EMPLOYEES - APPROVE THE ANNUAL BUDGET AND TUITION AND FEES, REGULARLY MONITOR THE UNIVERSITY'S FINANCIAL CONDITION, AND ESTABLISH POLICY GUIDELINES AFFECTING ALL INSTITUTIONAL ASSETS, INCLUDING INVESTMENTS AND THE PHYSICAL PLANT - CONTRIBUTE FINANCIALLY TO THE UNIVERSITY'S FUND-RAISING GOALS, PARTICIPATE ACTIVELY IN STRATEGIES TO SECURE SOURCES OF SUPPORT, AND AUTHORIZE UNIVERSITY OFFICERS TO ACCEPT GIFTS OR BEQUESTS SUBJECT TO BOARD POLICY GUIDELINES - AUTHORIZE DEBT FINANCING AND APPROVE THE SECURITIZATION OF LOANS - AUTHORIZE THE CONSTRUCTION OF NEW BUILDINGS, CAPITALIZATION OF MATERIAL DEFERRED MAINTENANCE BACKLOGS, AND MAJOR RENOVATIONS OF EXISTING BUILDINGS - AUTHORIZE THE PURCHASE, SALE, AND MANAGEMENT OF LAND, BUILDINGS, AND MAJOR EQUIPMENT - APPROVE POLICIES THAT CONTRIBUTE TO AN ENVIRONMENT IN WHICH STUDENTS CAN LEARN AND DEVELOP THEIR ABILITIES - APPROVE POLICIES THAT PROTECT ACADEMIC FREEDOM AND CONTRIBUTE TO AN ENVIRONMENT IN WHICH THE FACULTY CAN TEACH, PURSUE THEIR SCHOLARSHIP, AND PERFORM PUBLIC SERVICE - APPROVE ALL EARNED AND HONORARY DEGREES THROUGH THE FACULTY AND PRESIDENT, AS THEY SHALL RECOMMEND - SERVE ACTIVELY AS ADVOCATES FOR THE UNIVERSITY IN APPROPRIATE MATTERS OF PUBLIC POLICY IN CONSULTATION WITH THE PRESIDENT AND OTHER RESPONSIBLE PARTIES AS THE BOARD SHALL DETERMINE - PERIODICALLY UNDERTAKE ASSESSMENTS OF THE BOARD'S PERFORMANCE</p> <p>3) ARTICLE III MEMBERSHIP OF THE BOARD OF TRUSTEES - PROVIDES THAT THE BOARD SHALL CONSIST OF NO FEWER THAN 12 AND NO MORE THAN 27 PERSONS, NOT INCLUDING THE PRESIDENT OF THE UNIVERSITY TRUSTEES SHALL BE ELECTED TO SERVE FOR 6-YEAR TERMS AND SHALL BE ELIGIBLE FOR REELECTION TO A MAXIMUM OF TWO FULL CONSECUTIVE TERMS TRUSTEES THAT HAVE SERVED FOR 12 CONSECUTIVE YEARS SHALL BE ELIGIBLE FOR REELECTION ONLY FOLLOWING A TWO-YEAR HIATUS METHOD OF ELECTING TRUSTEES, THEIR TERM OF OFFICE, AND PROCEDURES FOR REMOVAL AND FILLING OF VACANCIES SHALL BE AS SET FORTH IN THE RESTATED ARTICLES OF INCORPORATION COMMITTEE OF TRUSTEESHIP PROVIDES THE CORPORATE BODY AND BOARD OF TRUSTEES A SLATE OF CANDIDATES FOR CONSIDERATION AND ELECTION</p> <p>4) ARTICLE IV OFFICERS OF THE BOARD - ADDS THE POSITION OF TREASURER OF THE BOARD</p> <p>5) ARTICLE VII TERM AND RESPONSIBILITIES OF THE TREASURER - ADDS AN EXPLANATION OF THE DUTIES OF THE BOARD TREASURER</p> <p>6) ARTICLE XIII COMMITTEES - ELIMINATES THE SEMINARY COMMITTEE AND INVESTMENT/SKILLPATH COMMITTEES</p> <p>7) ARTICLE XV OUTLINES THE COMPOSITION, PURPOSES AND RESPONSIBILITIES OF THE COMMITTEE ON TRUSTEESHIP</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS 7 MEMBERS WHO ARE A SINGLE CLASS OF MEMBERS AND ARE COLLECTIVELY REFERRED TO AS THE "CORPORATE BODY" - 3 MEMBERS OF THE FIRST PRESIDENCY OF THE COMMUNITY OF CHRIST - 3 MEMBERS OF THE PRESIDING BISHROPIC OF THE COMMUNITY OF CHRIST - 1 MEMBER WHO IS THE ACTING PRESIDENT OF THE COUNCIL OF TWELVE APOSTLES OF THE COMMUNITY OF CHRIST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	PER THE ARTICLES OF INCORPORATION, THE BOARD OF TRUSTEES MAY CONSIST OF 12-27 MEMBERS - 9 TRUSTEES ARE ELECTED BY THE WORLD CONFERENCE OF THE COMMUNITY OF CHRIST - UP TO 9 TRUSTEES MAY BE APPOINTED BY THE CORPORATE BODY - UP TO 9 TRUSTEES MAY BE APPOINTED BY THE BOARD OF TRUSTEES - TRUSTEES MAY BE REMOVED BY THAT GROUP (WORLD CONFERENCE, CORPORATE BODY, OR BOARD OF TRUSTEES) THAT ELECTED OR APPOINTED SUCH TRUSTEE, EXCEPT THE CORPORATE BODY MAY ACT FOR THE WORLD CONFERENCE IN THE REMOVAL OF A TRUSTEE ELECTED BY THE WORLD CONFERENCE IN ANY INTERIM PERIOD BETWEEN WORLD CONFERENCES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	UPON COMPLETION, BUT PRIOR TO FILING, THE PREPARED FORM 990 IS PROVIDED TO TRUSTEES AND OFFICERS THROUGH THE GROUP PORTAL OF MY GRACELAND FOR THEIR REVIEW AN IN-DEPTH REVIEW OF THE PREPARED FORM 990 IS CONDUCTED WITH THE BUSINESS SERVICES COMMITTEE OF THE BOARD OF TRUSTEES CHANGES ARE MADE, IF NEEDED, AND A REVISED FORM 990 IS PROVIDED THROUGH THE GROUP PORTAL OF MY GRACELAND THE PREPARED FORM 990 IS SUBMITTED BY THE DUE DATE, (INCLUDING EXTENSION(S)) THE SUBMITTED FORM 990 IS AVAILABLE UPON REQUEST, AND ONCE POSTED TO GUIDESTAR, IS AVAILABLE TO THE WORLD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, EACH BOARD MEMBER AND OFFICER OF THE UNIVERSITY, AND ALL STAFF, TRUSTEES, ADVISORS AND OTHER PERSONS REGULARLY INVITED TO ATTEND MEETINGS OF THE BOARD, SHALL SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT GRACELAND UNIVERSITY IS A TAX-EXEMPT ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX, AND OTHER TAX EXEMPTIONS, IT MUST ENGAGE PRIMARILY AND SOMETIMES EXCLUSIVELY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES VOTING MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST THE REMAINING MEMBERS OF THE BOARD WILL THEN DISCUSS AND DETERMINE IF SUCH A CONFLICT EXISTS, IF IT IS AVOIDABLE, OR IF IT IS IN THE BEST INTEREST OF THE BOARD AND UNIVERSITY TO PROCEED SHOULD ANY BOARD MEMBER BE FOUND TO BE CONCEALING A CONFLICT OF INTEREST, APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION WILL BE TAKEN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE CHAIRMAN OF THE BOARD WILL WORK WITH OTHER BOARD MEMBERS TO DETERMINE THE COMPENSATION FOR THE CEO. THE CEO SETS THE COMPENSATION FOR THE TOP MANAGEMENT AND OFFICERS, WITH APPROVAL OF THE CHAIRMAN OF THE BOARD. VICE PRESIDENTS SET THE COMPENSATION FOR KEY EMPLOYEES, WITH APPROVAL OF THE CEO. IN ALL CASES, COMPARABLE SALARY DATA FROM SIMILAR INSTITUTIONS IS REVIEWED, AS WELL AS A COMPARISON OF POSITIONS WITHIN THE INSTITUTION. ALL COMPENSATION DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
DEFERRED COMPENSATION FROM DEFINED BENEFIT RETIREMENT PLAN	FORM 990, PART VII, SECTION A	GRACELAND UNIVERSITY MAINTAINS A DEFINED BENEFIT RETIREMENT PLAN. INFORMATION WITH REGARD TO THE INCREASE IN ACTUARIAL VALUE IS NOT AVAILABLE ON AN EMPLOYEE BY EMPLOYEE BASIS, AND THEREFORE CANNOT BE REPORTED IN COLUMN (F), OTHER COMPENSATION. EMPLOYEES EARN A BENEFIT WHICH IS 1.1% OF THEIR AVERAGE COMPENSATION TIMES THE NUMBER OF YEARS OF SERVICE. IN TOTAL, GRACELAND UNIVERSITY CONTRIBUTED \$1,989,652 TO THE PLAN DURING THE YEAR. EMPLOYEES THAT PARTICIPATE IN THE PLAN LISTED ON FORM 990, PART VII, SECTION A INCLUDE KATHLEEN CLAUSON-BASH, JANICE TIFFANY, STEVE ANDERS, MARIAN KILLPACK, AND KELLY EVERETT.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,188,565 CHANGES IN NET ASSETS OF RELATED ENTITY - THE CENTER -163,043 UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENTS - 1,821,140 MINIMUM PENSION LIABILITY ADJUSTMENT -5,550,848 TOTAL TO FORM 990, PART XI, LINE 5 -8,723,596

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

2011

Open to Public Inspection

Name of the organization
GRACELAND UNIVERSITY

Employer identification number
42-0707114

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) GRACELAND COLLEGE CENTER FOR PROFESSIONAL DEVELOPMENT AND LIFELONG LEARNING 6900 SQUIBB RD MISSION, KS 66202 43-1685651	D/B/A SKILLPATH SEMINARS, ADULT EDUCATION/TRAINING	MO	501(C)(3)	LINE 9	GRACELAND UNIVERSITY	Yes	
(2) COMMUNITY OF CHRIST 1001 W WALNUT STREET INDEPENDENCE, MO 64050 44-0552038	CHURCH	MO	501(C)(3)	LINE 1	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(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 related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related 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

No

No

No

No

No

Yes

No

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) GRACELAND COLLEGE CENTER FOR PROFESSIONAL DEVELOPMENT AND LIFELONG LEARNING	C	4,000,000	CASH
(2) COMMUNITY OF CHRIST	C	105,000	CASH
(3) COMMUNITY OF CHRIST	E	18,840,000	LOAN GUARANTEE
(4) COMMUNITY OF CHRIST	E	4,475,000	NOTE PAYABLE
(5) COMMUNITY OF CHRIST	O	738,463	CASH
(6)			

Schedule R (Form 990) 2011

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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Additional Data

Software ID:
Software Version:
EIN: 42-0707114
Name: GRACELAND UNIVERSITY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	812,230	including grants of \$) (Revenue \$	638,922)
TRIO PROGRAM-PUBLIC SERVICES PROVIDED TO SURROUNDING AREA CAMPUS TUTORING					

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			
BOB ACKERLEY TRUSTEE	2 00	X						0	0	0
MATTHEW BEEM TRUSTEE	1 00	X						0	0	0
LEONARD BOSWELL TRUSTEE	3 00	X						0	0	0
O BROONER TRUSTEE	1 00	X						0	0	0
ROBERT P BRUCH TRUSTEE	2 00	X						0	0	0
JOHN CAVE TRUSTEE & TREASURER	2 00	X		X				0	0	0
DAVID CARMICHAEL TRUSTEE	2 00	X						0	0	0
DENISE DUDLEY TRUSTEE	4 00	X						0	0	0
RONALD GILLILAN TRUSTEE	2 00	X						0	0	0
SHARON GRAYBILL TRUSTEE	50	X						0	0	0
CHERYL F HANSEN TRUSTEE & SECRETARY	1 00	X		X				0	0	0
CM HARTNETT TRUSTEE	1 00	X						0	0	0
LAURIE HEINTZ TRUSTEE	1 00	X						0	0	0
BARBARA HIGDON TRUSTEE	1 00	X						0	0	0
GARY W HOWARD TRUSTEE & VICE CHAIR	1 00	X		X				0	0	0
KAREN JEWELL TRUSTEE	2 00	X						0	0	0
LORI KALEIKAU TRUSTEE	3 00	X						0	0	0
MICHAEL LEWIS TRUSTEE	1 00	X						0	0	0
KENNETH B MCCLAIN TRUSTEE & CHAIR	10 00	X		X				0	0	0
KAY MUSSEL TRUSTEE	1 00	X						0	0	0
JENNINGS J NEWCOM TRUSTEE	4 00	X						0	0	0
HELEN PEARSON SMITH TRUSTEE	4 00	X						0	0	0
WA PENNINGTON TRUSTEE	4 00	X						0	0	0
DAVID SCHAAL TRUSTEE	1 00	X						0	20,240	46,774
MICKEY SEEMAN TRUSTEE	2 00	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			
LLEWELLYN A SHEPHERDSON TRUSTEE	2 00	X						0	0	0
ROBERT WHITE TRUSTEE	2 00	X						0	0	0
JANET WORTHINGTON TRUSTEE	2 00	X						0	0	0
MICHAEL K ZABEL TRUSTEE	3 00	X						0	0	0
JOHN SELLARS PRESIDENT	70 00			X				177,119	0	57,283
KATHLEEN CLAUSON-BASH VP INSTITUTIONAL EFFECTIVE	40 00			X				67,599	0	6,428
JANICE TIFFANY VP BUSINESS SERVICES	50 00			X				88,482	0	6,073
KELLY EVERETT VP INSTITUTIONAL ADVANCEMENT	60 00			X				91,449	0	7,021
PARRIS WATTS VP ACADEMIC AFFAIRS	60 00			X				137,243	0	21,484
KIRK BJORLAND VP ENROLLMENT	50 00			X				59,903	0	10,920
LOUISE CUMMINS-SIMMONS VP ENROLLMENT	50 00			X				84,191	0	0
STEVE ANDERS DEAN OF SCHOOL OF BUSINESS	50 00					X		101,581	0	22,766