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DLN: 93493045007593

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)

2011

OMB No 1545-0047

Open to Public

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

B Ch	r the 2	011 calendar year, or tax year beginning 07-01-2011 and ending 06-	-30-2012			
_	-	plicable C Name of organization NEWMAN UNIVERSITY INC		·	-	ntification number
Ado	ress ch	Doing Business As			055671 phone nu	
- Nar	me char	ige				
Init	ıal retur	Number and street (of P O box it mail is not delivered to street address)	Room/suite		6)942-4	
Ter	mınated	3100 MCCORMICK AVENUE		G Glos	s receipts :	\$ 37,094,358
_ Am	ended r	eturn City or town, state or country, and ZIP + 4 WICHITA, KS 672132097				
Apr	olication	pending WICHITA, K3 072132097				
		F Name and address of principal officer		<b>H(a)</b> Is this a groi	up return	for
		NOREEN CARROCCI 3100 MCCORMICK AVENUE		affiliates?		⊤Yes 🔽 No
		WICHITA,KS 672132097		H(b) Are all affiliate	es include	ed?
				If "No," atta	ch a list	(see instructions)
	x-exem	pt status	27	<b>H(c)</b> Group exem	ption nui	mber ►
J W	ebsite	:► WWW NEWMANU EDU				
<b>K</b> Forr	n of org	anization 🔽 Corporation ☐ Trust ☐ Association ☐ Other 🕨		<b>L</b> Year of formation	1933 <b>M</b>	State of legal domicile KS
Pa	rt I	Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities IEWMAN UNIVERSITY IS A CATHOLIC UNIVERSITY NAMED FOR JUBER ADORERS OF THE BLOOD OF CHRIST FOR THE PURPOSE OF E				
Š	2 (	heck this box দ if the organization discontinued its operations or dis	posed of r	nore than 25% of i	ts net as	sets
೨ ಶ		lumber of voting members of the governing body (Part VI, line 1a) .			3	30
v V	4 1	lumber of independent voting members of the governing body (Part VI,	line 1b)		4	27
Ē	5 1	otal number of individuals employed in calendar year 2011 (Part V, line	e 2a) .		5	789
ş	6 1	otal number of volunteers (estimate if necessary)			6	30
-	l	otal unrelated business revenue from Part VIII, column (C), line 12 .			7a	46,857
	ь	let unrelated business taxable income from Form 990-T, line 34			7b	-9,471
			-	Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)			4,038	4,229,359
Revenue	9	Program service revenue (Part VIII, line 2g)	H	30,30		31,906,919
₩	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	h h		4,416	405,326
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column	· · · · · · · · · · · · · · · · · · ·	40:	5,374	455,961
		12)		33,197	7,203	36,997,565
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) .	h h	10,109	9,071	11,445,735
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
82	15	Salaries, other compensation, employee benefits (Part IX, column (A) $5-10$ )	, lines	12,938	8,526	13,751,697
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. 1	,	0	0
¥ ⊕	ь	Total fundraising expenses (Part IX, column (D), line 25) ►550,174	-			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	I	10,039	9,896	9,517,405
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), lin	ie 25)	33,087	34,714,837	
	19	Revenue less expenses Subtract line 18 from line 12		109	9,710	2,282,728
୯୯				Beginning of Cur	rent	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u> </u>	<b>Year</b> 62,644	4.279	61,695,506
25 80 80 80 80 80 80 80 80 80 80 80 80 80	21	Total liabilities (Part X, line 26)		27,136		24,905,765
<u> 5</u> 5	22	Net assets or fund balances Subtract line 21 from line 20		35,50		36,789,741
II		Signature Block	<b>L</b>	,	· I	. ,
		ties of perjury, I declare that I have examined this return, including accompa	nving sche			
Par Under know know	r penal ledge a ledge.	******  Signature of officer  MARK DRESSELHAUS VP OF ADMIN AND FINANCE		2013-02-15 Date		which preparer has any
Par Under know know	r penal ledge a ledge.	*****		2013-02-15		which preparer has any
Par Under know know Sign Here	r penal ledge a ledge.	****** Signature of officer  MARK DRESSELHAUS VP OF ADMIN AND FINANCE	Che self-	2013-02-15 Date	5	ver identification number
Paid Paid Prepa	r penal ledge a ledge. l e	****** Signature of officer  MARK DRESSELHAUS VP OF ADMIN AND FINANCE Type or print name and title  Preparer's signature  ELIZABETH S HOGAN  Firm's name (or yours & BKD LLP	Che self-	2013-02-15 Date  ck if Prepar	5 er's taxpay	ver identification number
Pal Under know know Sign Here	r penal ledge a ledge. l e	****** Signature of officer  MARK DRESSELHAUS VP OF ADMIN AND FINANCE Type or print name and title  Preparer's signature  Date	Che self-	Date  Ck if Sloyed F	5 er's taxpay	ver identification number

Part	Ш	Statement of P Check if Schedule (			lishments uestion in this Part II	ı	<del></del>
1	Brief	ly describe the organ	ızatıon's mıssıon				
SEE S	CHE	DULE 0					
		ne organization under rior Form 990 or 990				r which were not listed on	┌ Yes ┌ No
	If "Y∈	s," describe these ne	ew services on Sc	hedule O			
3		ne organization cease ces?	conducting, or m	ake sıgnıfıcar	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Y∈	s," describe these ch	nanges on Schedu	le O			
4	exper	nses Section 501(c)	(3) and 501(c)(4)	organization	s and section 4947(a	nree largest program services )(1) trusts are required to rep ch program service reported	
	(Cod	e	) (Expenses \$	29,146,316	including grants of \$	11,445,735 ) (Revenue \$	32,309,520 )
	ISSU					TS WHO ENROLLED IN 57,862 CREE 3,000 VOLUNTEER HOURS OF SERV	
4b	(Cod	e	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4c	(Cod	e	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		er program services	•	•			,
	(Exp	penses \$	ınclı	ıdıng grants o		) (Revenue \$	)
4e	Tota	ıl program service ex	penses <b>⊩</b> \$	29,146,31	.6		

	Part TV	Check	list of	Peguired	Schedule
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			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)? $^{f 2}$	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
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, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		No
	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? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\blacksquare$	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 104			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
h	return			
D		2b	Yes	
a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  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	
a	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)?	<b>4</b> a		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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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		
	Organizations that may receive deductible contributions under section 170(c).			
а	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			
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
	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		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
а	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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
c	Enter the aggregate amount of reserves on hand			
A -	Did the expension receive any neuments for indeer tenning convece during the tay year?	4.4-		NI -
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-	THE YOUR DISCUSTING A ROOM A VILLA CONOCT TRACK ROUMANTS I IT "NO " PROVIDE ON AVAISABLES IN CONSEQUE ()		i	

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 . . . . . . . . . . . . . .

Se	ction 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	30			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2	Yes	"
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	-	•	4		No
5	Did the organization become aware during the year of a significant diversion of the or	aanız	ation'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	erto e				
	more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	idertaken during the			
а	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, vorganization's mailing address? If "Yes," provide the names and addresses in Schedu			9		No
	ction B. Policies (This Section B requests information about policies not i	equi	red by the Internal			
Re	venue Code.)					
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organizatio purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?	gov	erning body before filing	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Fo	rm 9	90			
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 rise to conflicts?	ınteı	ests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12c	Yes	
13	Did the organization have a written whistleblower policy?	• •		13		No
14	Did the organization have a written document retention and destruction policy? .			14	Yes	110
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the				100	
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
	Other officers or key employees of the organization			15b		No
	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 of taxable entity during the year?	r sım •	ılar arrangement with a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organize participation in joint venture arrangements under applicable federal tax law, and take	step	s to safeguard the			11
	organization's exempt status with respect to such arrangements?	•		16b		
	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available. Ch					

Own website Another's website V Upon request

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MARK DRESSELHAUS 3100 MCCORMICK AVENUE WICHITA, KS 672132097 (316)942-4291

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(a) Name and Title  A verage hours par week (describe hours for related organizations in Schedule O)  See Additional Data Table  (b) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a				eck x, oth		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

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

(A) Name and Title A verage hours per week (describe hours			on (d e than s per offic ector	n on son er a	e bo ıs b nd a	x, oth		Rep comp fro organi	(D) portable pensation om the zation (W-	(E) Reportable compensatio from related organizations (W- 2/1099-	,	Estima amount of compen from organizat	ated of other sation the ion and
	For mer  Highest compensated employee  Key employee  Officer  Inclinational Trustee  Officer  Schedule  Officer  Officer  Inclinational Trustee											relat organıza	
See Additional Data Table													
											_		
											_		
			_								_		
											_		
											+		
											_		
1b Sub-Total	<u> </u>	<u> </u>	<u>.                                    </u>	<u> </u>	<u> </u>		<u> </u>  ►				十		
c Total from continuation sheets							<b>&gt;</b>						
d Total (add lines 1b and 1c) .							<u> </u>		1,125,584		0		160,710
Total number of individuals (inc \$100,000 of reportable comper	-				teu	ароче	) WIIC	receive	ea more th	111		ı	
3 Did the organization list any for on line 1a? If "Yes," complete Sc.											з	Yes	No No
4 For any individual listed on line organization and related organization											4	Yes	
5 Did any person listed on line 1a services rendered to the organiz										or individual for	5		No
Section B. Independent Con	tractors												
Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
Na	(A) me and business ad	dress							Desc	(B) ription of services		(C Compe	
GREAT WESTERN CAMPUS DINING									FOOD SERV	ICE			559,633
SIMPSON ASSOCIATES									CONSTRUCT	TION			402,081
ROYALL AND COMPANY									RECRUITING	5			320,676
MEDIA PARTNERS INC									ADVERTISIN	G		273,357	
VILLAGE CHARTERS TRANSPORTATION										137,780			
2 Total number of independent cont \$100,000 of compensation from			ot lin	nited	d to	those	liste	d above	) who recei	ved more than			

Form 99 Part V			f Dovonus					Page <b>9</b>
Part	<b></b>	Statement o	r kevenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated camp	paigns 1a					
gra	ь	Membership du	es <b>1b</b>					
am,	C	Fundraising eve	ents 1c					
ਜੁੰਬੂ	d		ations 1d	2,610,800				
ns, ¥m	e	Government grants						ļ
utio er:	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	1,362,709				
ē.	g		butions included in					
Contributions, gifts, grants and other similar amounts	   h	lines 1a-1f \$	5 1a-1f	▶	4,229,359			
	-"-	Totali Add Illics	, 14 17	Business Code	, ,			
пПе	2a	TUITION & FEES		611600	29,007,107	29,007,107		
e ve	ь	AUXILIARY ENTERP	RISES	611710	2,899,812	2,853,333	46,479	
э. Н	c						·	
er vi	d		_					
ૐ E	e							
Program Serwoe Revenue	f All other program service revenue							
ξ	g	Total. Add lines	s 2a – 2f		31,906,919			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			aramounts)	F-	261,357			261,357
	4		tment of tax-exempt bond		0			
	5	Royalties	(ı) Real	(II) Personal	ď			
	6a	Gross rents	23,850	(II) F ersonar				
	ь	Less rental	23,472					
	c	expenses Rental income	378					
	d	or (loss)  Net rental incor	me or (loss)		378	İ	378	
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	143,969					
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses	142.000					
	c d	Gain or (loss)  Net gain or (los	143,969 s)		143,969			143,969
	8a	Gross income fi						
Other Revenue		events (not incl \$	luding ,037 reported on line 1c)	79,824				
<u>-</u>	ь	Less direct exp	penses <b>b</b>	73,321				
₹	С	Net income or (	loss) from fundraising		6,503			6,503
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	ь	Less direct exp	penses b					
	C		loss) from gamıng actı	vities	0			
	10a	Gross sales of i returns and allo						
	ь		oods sold <b>b</b>					
	С		loss) from sales of inv		0			
	11a	Miscellaneous		Business Code 900099	81,031	81,031		
	b IIIa	BAD DEBT REC		900099	90,594	90,594		
		RECEIVABLES				-,		
	С	SATELLITE LE		532000	74,500			74,500
	d	All other revenu			202,955	202,955		
	12		S 11a-11d See Instructions .		449,080			
	] **	iocai revenue.	See Therractions .	٠ . [ ]	36,997,565	32,235,020	46,857	486,329

# Part IX Statement of Functional Expenses

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

CI	neck if Schedule O contains a response to any question in this Part IX	<u> </u>		<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	11,445,735	11,445,735		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,374,115	677,745	530,659	165,711
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	16,173	12,598	3,575	
7	Other salaries and wages	9,698,715	7,788,807	1,688,826	221,082
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	494,024	376,013	106,687	11,324
9	Other employee benefits	1,411,660	1,088,623	290,845	32,192
10	Payroll taxes	757,010	568,273	161,237	27,500
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	5,857	4,563	1,294	
c	Accounting	79,699	62,084	17,615	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	154,264		154,264	
g	Other	1,741,414	1,358,333	370,342	12,739
12	Advertising and promotion	407,114	313,921	89,069	4,124
13	Office expenses	744,799	408,232	320,345	16,222
14	Information technology	433,375	337,590	95,785	
15	Royalties	0			
16	Occupancy	1,028,364	801,074	227,290	
17	Travel	835,441	606,384	172,051	57,006
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	930,839	725,104	205,735	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,759,793	1,370,841	388,952	
23	Insurance	142,876	111,297	31,579	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BOOKS/RESOURCE MATERIALS	683,354	655,279	27,063	1,012
b	MEMBERSHIPS	82,005	62,897	17,846	1,262
c	BAD DEBTS	336,578	262,187	74,391	
d					
e					
f	All other expenses	151,633	108,736	42,897	
25	Total functional expenses. Add lines 1 through 24f	34,714,837	29,146,316	5,018,347	550,174
26	Joint costs. Check here ► ☐ 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				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 775,858 173,341 1 1 125.550 93,433 2 2 Savings and temporary cash investments . . . . . . . 3 1,072,070 3,660,769 3 710,151 687.026 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 0 0 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 0 0 6 0 0 7 339.097 388.195 9 72.840 9 121.653 Prepaid expenses and deferred charges . . . . . . 10a 55,225,333 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 20,861,442 b Less accumulated depreciation . . . . . 35,406,111 10c 34,363,891 16,438,435 15,132,091 11 11 4,379,681 12 4,812,233 12 Investments—other securities See Part IV, line 11 . . . . . . 13 219,874 13 212,769 Investments—program-related See Part IV, line 11 . . 14 Intangible assets . . . . . . . . . 14 2,672,060 15 2,482,657 15 62,644,279 61,695,506 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,668,596 1,310,581 17 17 Accounts payable and accrued expenses . 18 18 19 1,199,118 19 1,129,002 20 20.155.000 20 18.420.000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ol 0 22 3.651.660 23 Secured mortgages and notes payable to unrelated third parties . . . 23 3.578.441 24 Unsecured notes and loans payable to unrelated third parties . . . . ol 24 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 462,353 25 467,741 D . . . . . 26 27,136,727 26 24,905,765 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 12,986,109 11,700,952 Unrestricted net assets . . . . 2,953,668 28 5,367,871 28 Temporarily restricted net assets . . . . . Fund 29 19,567,775 29 19,720,918 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 35.507.552 33 36.789.741 34 Total liabilities and net assets/fund balances . . . . . 62.644.279 34 61.695.506

Pal	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		36.9	97,565
2	Total expenses (must equal Part IX, column (A), line 25)	2			714,837
3	Revenue less expenses Subtract line 2 from line 1	3		2,2	282,728
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		35,5	507,552
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,0	00,539
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		36,7	789,741
Pai	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•	Г	
		r		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual 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?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493045007593

OMB No 1545-0047

2011

Open to Public Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Employer identification number

NEWMA	N UN	IVERSITY IN	IC						48-0556	716			
Par	ŧΙ	Reaso	n for Pu	blic Charity Sta	tus (All ord	anızatıons	must com	olete this p			tions		
				te foundation becaus									
1	$\overline{\Box}$			on of churches, or a			-						
2	<b>I</b>			in <b>section 170(b)(1</b>									
3	$\Gamma$	A hospit	tal or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Γ	A medic	al research	h organization operat ity, and state						(1)(A)(	iii). Ente	r the	
5	Γ	=	•	erated for the benefi (A)(iv). (Complete P	=	or universit	y owned or o	perated by a	ı governmeı	ntal unit	describe	_ ed in	
6	$\sqcap$	A federa	ıl, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).				
7	Γ	describe	ed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ntal unit or	from the	e general	public	:
8	$\sqcap$	A comm	unity trust	described in <b>section</b>	170(b)(1)(	<b>A)(vi)</b> (Con	nplete Part II	)					
9	$\Gamma$	An orga	nızatıon tha	at normally receives	(1) more th	an 331/3% d	of its support	from contrib	outions, me	mbershı	p fees, a	nd gro	ss
		receipts	from activ	ities related to its ex	xempt function	ons—subject	t to certain e	xceptions, a	nd (2) no m	ore thar	า 331/3%	of	
		ıts supp	ort from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) fro	om busın	esses	
		acquired	d by the org	ganızatıon after June	30,1975 S	ee <b>section 5</b>	<b>609(a)(2).</b> (C	omplete Par	tIII)				
10	$\sqcap$	An orga	nızatıon org	ganized and operated	d exclusively	to test for p	oublic safety	Seesection	509(a)(4).				
11	_	one or m the box	nore publici	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type I	ations descr orting organ	ıbed ın sectı ı <u>za</u> tıon and o	on 509(a)(1)	or section s 11e throu	509(a)(2) : gh 11h	See <b>sect</b>		a)(3).	Check
е	Γ	other th	_	ox, I certify that the on managers and ot	_		•		•		•	•	
f				received a written de	etermination	from the IR:	S that it is a <sup>-</sup>	Type I, Type	e II or Type	III sup	porting o	rganız	ation <u>,</u>
		check th		2006				<b>6</b>	- <b>6</b> kl				ı
g			ugust 17, 2 g persons?	2006, has the organi	ization accep	ited any gift	or contribution	on from any	orthe				
		-	•	rectly or indirectly c	ontrols, eith	er alone or t	ogether with i	persons des	cribed in (ii	)		Yes	No
		and (III)	below, the	governing body of th	e the suppor	ted organiza	ition?				11g(i)		
		(ii) a far	mily membe	er of a person descri	bed in (i) abo	ve?					11g(ii)		
		(iii) a 3!	5% control	lled entity of a perso	n described i	ın (ı) or (ıı) a	bove?				11g(iii)		
h		Provide	the following	ng information about	the supporte	ed organizati	ion(s)					•	
SI	(i) Name uppoi janiz	e of	(ii) EIN	(iii)  Type of  organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi Is t organiza col (i) or in the	he ition in ganized		_	r <b>ii)</b> unt of port?
				(see instructions))	Yes	No	Yes	No	Yes	No			
		+			_ <del></del>	1	<del>                                     </del>		† · · · ·	+			

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

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

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> 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 A (Form 990 or 990-EZ) 2011

DLN: 93493045007593

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

Open to Public Inspection

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.

	<b>me of the organization</b> VMAN UNIVERSITY INC			Empl	oyer identificat	tion numbe	er
				48-0	556716		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.					
		(a) Donor advis	ed funds	(	<b>b)</b> Funds and o	theraccou	ınts
	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
ļ	Aggregate value at end of year						
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			or advis	sed	┌ Yes	┌ No
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit					┌ Yes	┌ No
a	rt II Conservation Easements. Complete	e if the organization ar	nswered "Yes" to	Form	990. Part IV	. line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure) F	Preservation of an Preservation of a c	ertified	historic struct	•	a
	easement on the last day of the tax year		Г	Г	Held at the	End of the	Vone
а	Total number of conservation easements			2a	neiu at the	Elia Oi tile	: Teal
a b	Total acreage restricted by conservation easement	-c	-	2b			
	Number of conservation easements on a certified hi		In (a)	-			
с			-	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	L	2d			
ı	Number of conservation easements modified, transfithe taxable year  Number of states where property subject to conservations.			_			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		j, inspection, hand	ling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing co	nservation easeme	ents du	rıng the year 🕨	-	
i i	A mount of expenses incurred in monitoring, inspect  \$ \$\text{\text{\text{\$\text{\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exittt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\tex{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\exititt{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$	ting, and enforcing consei	vation easements	durıng	the year		
1	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the re	quirements of sect	ion		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the orgar					
ar	t III Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historica		or Oth	er Similar A	Assets.	
a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	S 116, not to report in its d for public exhibition, ed	revenue statemei ucation or researc	h ın fur			e,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, educat					
	(i) Revenues included in Form 990, Part VIII, line	1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X				<b>-</b> \$		
,	If the organization received or held works of art, his	itorical treasures or othe	r similar assets foi	r financ			
:	following amounts required to be reported under SFA			manc		io tire	
а	Revenues included in Form 990, Part VIII, line 1				<b>►</b> \$		

Assets included in Form 990, Part X

$\cdot$	<b>TIL</b> Organizations Maintaining Co	liections of Art	, HIS	torica	<u>ii irea</u>	asures, or c	<u>Jtne</u>	er Similar Asse	ets (co.	ntinued)
3	Using the organization's accession and othe items (check all that apply)									
а	Public exhibition		d		oan or e	exchange prog	rams	5		
b	Scholarly research		e	$\Gamma$	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v they f	urther t	he organızatıo	n's e	xempt purpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								Yes	√ No
Pai	t IV Escrow and Custodial Arrang						ed "Y	es" to Form 990	0,	
_	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					ns or other as	sets		Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing tab	le	Ī		1		
_								Amou	unt	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo		e 21?					Г	Yes	│ No
b	If "Yes," explain the arrangement in Part XIV				U\	J. F 000		171/ 1 40		
Рa	rt V Endowment Funds. Complete	IF the organization (a)Current Year		Werea Prior Yea		c)Two Years Bac			<b>e)</b> Four Y	ears Back
1a	Beginning of year balance	18,044,004	(2)		3,854	14,393,9	-	18,606,837	<b>-</b>	cars back
b	Contributions	133,250		20	06,310	199,3	68	173,695		
c	Investment earnings or losses	-569,902		2,93	33,371	2,416,2	84	-3,526,867		
d	Grants or scholarships	275,358		29	9,365	415,6	70	226,912		
e	Other expenditures for facilities and programs	533,510		55	59,541	530,8	06	491,016		
f	Administrative expenses	154,264		15	50,625	149,2	52	141,807		
g	End of year balance	16,644,220		18,04	14,004	15,913,8	54	14,393,930		
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment	6 000 %								
b	Permanent endowment ► 94 000 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	hat are	e held ar	nd admınıstere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations						•	3a(i)	Yes	
	(ii) related organizations						•	3a(ii)	Yes	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the						•	3b	Yes	
	t VI Land, Buildings, and Equipme									
	Description of property	sitt. See Form 55	, , ,	(a) Co	ost or othe investmen	er <b>(b)</b> Cost or o		(c) Accumulated depreciation	( <b>d</b> ) Boo	ok value
1a	Land					52	2,409	1		522,409
	Buildings					44,51		14,315,820	30	),198,882
	Leasehold improvements					,				· · ·
	Equipment					5,56	2,462	4,314,358	-	L,248,104
e	Other						5,760			2,394,496

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

34,363,891

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of v	aluation
(including name of security)	(2,233	Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other			
(A) PRIVATE EQUITY INVESTMENTS	4,379,681		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	4,379,681		
		12	
Part VIII Investments—Program Related. See	Porni 990, Part X, iiile 1		- Lustian
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
		Cost of end of year	market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
(a) Descrip			( <b>b)</b> Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS	, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	, line 25. (b) Amount 0 256,488		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  FEDERAL STUDENT LOAN FUNDS  ANNUITIES PAYABLE	(b) Amount  0 256,488 4,249		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,997,565
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	34,714,837
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,282,728
4	Net unrealized gains (losses) on investments	4	-994,629
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,910
9	Total adjustments (net) Add lines 4 - 8	9	-1,000,539
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,282,189
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	24,525,503
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-872,063
3	Subtract line <b>2e</b> from line <b>1</b>	3	25,397,566
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 154,264		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	11,599,999
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	36,997,565
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	23,243,314
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	128,476
3	Subtract line <b>2e</b> from line <b>1</b>	3	23,114,838
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 154,264		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	11,599,999
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	34,714,837

Part XIV Supplemental Information

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

additional information									
Identifier	Return Reference	Explanation							
ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES	SCHEDULE D, PART III, LINE 1A	COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS ARE NOT CAPITALIZED IN AS MUCH AS THE ITEMS ARE PRESERVED AND CARED FOR CONTINUOUSLY CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT REPORTED IN THE FINANCIAL STATEMENTS PROCEEDS FROM DISPOSAL OF AND INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES THE UNIVERSITY'S COLLECTIONS CONSIST OF APPROXIMATELY 50 SMALL SCULPTURES AND VARIOUS PAINTINGS THEY ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THE DISPOSITION OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER COLLECTION ITEMS NO COLLECTION ITEMS WERE SOLD OR REMOVED IN THE YEAR ENDED JUNE 30, 2012							
ORGANIZATION'S COLLECTIONS	SCHEDULE D, PART III, LINE 4	THE UNIVERSITY'S COLLECTIONS CONSIST OF APPROXIMATELY 50 SMALL SCULPTURES AND VARIOUS PAINTINGS THE ART COLLECTIONS ENHANCE THE ART AND RELIGIOUS PROGRAMS OF THE UNIVERSITY							
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO UNDERWRITE SCHOLARSHIPS AND EDUCATIONAL ACTIVITIES							
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS							
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	RELATED ORGANIZATION ACTIVITY (5,910)							
RECONCILIATION OF REVENUES	SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATION ACTIVITY (5,910) RENTAL EXPENSES 23,472 SPECIAL EVENT EXPENSES 73,321 RELATED ORGANIZATION REVENUES 10,000106,793							
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 4B	SCHOLARSHIPS 11,445,735							
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	RENTAL EXPENSES 23,472 SPECIAL EVENT EXPENSES 73,321 RELATED ORGANIZATION EXPENSES 15,910							
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 4B	SCHOLARSHIPS 11,445,735							

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As Filed Data -

DLN: 93493045007593

OMB No 1545-0047

2011

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

NEWMAN UNIVERSITY INC

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.

Inspection
Employer identification number

48-0556716 Part I YES NO 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 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? 2 Yes 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 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? No\_ 5g 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

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

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493045007593

OMB No 1545-0047

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.

Open to Public **Inspection** 

Name of the organization NEWMAN UNIVERSITY INC **Employer identification number** 

48-0556716

Pa	General Informatio "Yes" to Form 990, Pa			he United States.	Complete if the organize	ation answered
1	For grantmakers. Does the	organızatıon r	naıntaın recor			
	assistance, the grantees' elig					rd
	the grants or assistance?					│ Yes │ No
2	<b>For grantmakers.</b> Describe in Pa United States	art V the organiz	zatıon's procedu	res for monitoring the u	se of grant funds outside th	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region of 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	<b>(f)</b> Total expenditures for region/investments in region
	CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	ACADEMIC/SERVICE PROG	4,728
2~	Sub-total	0	0			4,728
	Total from continuation sheets					7,720

c Totals (add lines 3a and 3b)

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +		<u> </u>	+		
'	<del> </del>	+	<u> </u>	-	+		+
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		<del> </del>	+
				<u> </u>		<del> </del>	
			<del></del>			1	
			<u></u>	<u> </u>		1	
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			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earry 000) 2011

# 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)	Γ	Yes	<u> </u>	Νo
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)	Γ	Yes	굣	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)	Г	Yes	্	Νo
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)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
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).	Г	Yes	~	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

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

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

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045007593

**Employer identification number** 

OMB No 1545-0047

2011

Open to Public Inspection

# SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service 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.

Name of the organization NEWMAN UNIVERSITY IN

EWMAN UNIVERSITY INC				48-0556716	
Part I Fundraising Act	tivities. Complete	e if the organiza	ation answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the organ  Mail solicitations  Internet and e-mail so  Phone solicitations  In-person solicitations  Did the organization have a or key employees listed in  If "Yes," list the ten highes to be compensated at leas	ilicitations s a written or oral agre Form 990, Part VII st paid individuals or	ement with any ir ) or entity in conn entities (fundrais	Solicitation of no Solicitation of no Solicitation of go Special fundraising Special fundraising office ection with professional sers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? eents under which the fui	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?  Yes No	(iv) Gross receipts from activity	(v) A mount paid to   (or retained by) fundraiser listed in   col (i)	(vi) A mount paid to (or retained by) organization
3 List all states in which the licensing	organization is regis	tered or licensed	to solicit funds or has b	een notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  PARTY/PLAZA (event type)	(b) Event #2  JET OPEN (event type)	(c) Other Events  0 (total number)	(d) Total Events (Add col (a) through col (c))
ΞE	1	Gross receipts	146,267	95,594		241,861
Revenue	2	Less Charitable contributions	96,290	65,747		162,037
<u> </u>	3	Gross income (line 1 minus line 2)	49,977	29,847		79,824
	4	Cash prizes				
မွာ	5	Non-cash prizes		2,788		2,788
Expenses	6	Rent/facility costs	1,013	8,060		9,073
ă	7	Food and beverages	14,423	9,379		23,802
<u>D</u> Lea	8	Entertainment	6,755	400		7,155
ā	9	Other direct expenses .	19,148	11,355		30,503
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	(73,321)
	11	Net income summary Combine lin	nes 3 and 10 in column (	d)	$\ldots \ldots .$	6,503
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
96 80 80	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes	┌ Yes ┌ No	_
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)	•	( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		
		re any of the organization's gaming l Yes," Explain	icenses revoked, susper	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

DLN: 93493045007593

# **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

Inspection

Name of the organization						Employer identification number			
NEWMAN UNIVERSITY INC	48-0556716								
Part I General Information	on on Grants and	l Assistance				•			
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sıstance <sup>?</sup>					Г Yes		
Part II Grants and Other A Form 990, Part IV, Im Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance		
2 Enter total number of section 5	01(c)(3) and govern	ment organizations list	ted in the line 1 table .			<u>-</u>			
3 Enter total number of other orga	anızatıons lısted ın th	e line 1 table				<b>.</b> -			

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the	e 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	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHPS	1170	11,445,735		NONE	NONE

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

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

**Compensation Information** 

DLN: 93493045007593

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

INEV	WMAN UNIVERSITY INC		18-0556716			
Pa	art I Questions Regarding Compensation	•				
			_		Yes	Νo
1a	Check the appropiate box(es) if the organization provided an 990, Part VII, Section A, line 1a Complete Part III to provi					
	First-class or charter travel	Housing allowance or residence for p	ersonal use			
	▼ Travel for companions	Payments for business use of person				
	<u> </u>					
	Discretionary spending account	Personal services (e g , maid, chauff	eur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described abo			1b	Yes	
2	Did the organization require substantiation prior to reimburs officers, directors, trustees, and the CEO/Executive Directo			2	Yes	
3						
	Form 990 of other organizations	Approval by the board or compensat	ion committee			
4	During the year, did any person listed in Form 990, Part VII or a related organization	, Section A , line 1a with respect to th	e filing organization			
а	Receive a severance payment or change-of-control payment	t?		4a		No
b	Participate in, or receive payment from, a supplemental nonc	qualified retirement plan?		4b	Yes	
C	Participate in, or receive payment from, an equity-based cor	mpensation arrangement?	Γ	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in	Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must comp For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of		у			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue an	У			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe		-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or a subject to the initial contract exception described in Regs sin Part III			8		No
9	If "Yes" to line 8, did the organization also follow the rebutta	able presumption procedure described	d in Regulations			

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(i) Base	W-2 and/or 1099-MI (ii) Bonus & incentive	SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or
		compensation	compensation	compensation	20111120112011			Form 990-EZ
(1) NOREEN CARROCCI	(ı) (ıı)	171,475 0	15,000 0	44,555 0	16,396 0	6,312 0	253,738 0	0

#### 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	TRAVEL FOR COMPANIONS - NEWMAN UNIVERSITY PROVIDED TRAVEL FOR COMPANIONS TO NOREEN CARROCCI AND DID NOT INCLUDE THE FAIR MARKET VALUE OF THE TRAVEL IN HER W-2 BECAUSE IT WAS 100% NEWMAN UNIVERSITY BUSINESS RESIDENCE FOR PERSONAL USE - NEWMAN UNIVERSITY PROVIDES HOUSING TO NOREEN CARROCCI AND DID INCLUDE THE FAIR MARKET VALUE OF THE HOUSING IN HER W-2 SOCIAL CLUB DUES - NEWMAN UNIVERSITY PROVIDED SOCIAL CLUB DUES TO NOREEN CARROCCI AND TOM BORREGO AND DID INCLUDE THE FAIR MARKET VALUE OF THE SOCIAL CLUB DUES IN THEIR W-2
NONQUALIFIED RETIREMENT PLAN	,	NOREEN CARROCCI PARTICIPATED IN A 457(F) PLAN - \$10,000

Schedule J (Form 990) 2011

Schedule K

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493045007593

Open to Public **Inspection** 

Internal Revenue Service Name of the organization NEWMAN UNIVERSITY INC

Department of the Treasury

(Form 990)

Employer identification number

48-0556716

										4	8-0556	716			
Р	art I Bond Issues									_					
	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued		<b>(e)</b> Issue P	ssue Price (f) Description of Purpose		(g) Defeased Beha		) On alf of suer	alf of (1) Poo						
										Yes	No	Yes	No	Yes	No
A	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY	48-1233911	048526HN4	10-28-2006	8,000	0,000	EDU C BO N E		ES REVENUE		x		Х		Х
В	KANSAS INDEPENDENT COLLEGE FINANCE AUTHORITY  48-1233911 048526HVR 03-15-2011			11,18!	11,185,000 EDUC FAC REFUNDING & IMPROVEMENT			х		Х		Х			
Pa	art III Proceeds														
						A		1	В		С			D	
1	A mount of bonds retired						0		0						
2	A mount of bonds defeased						0		0						
3	Total proceeds of issue					8,000,000 11,185,000									
4	Gross proceeds in reserve fu	nds				450,000 500,000		500,000							
5	Capitalized interest from proc	eeds				0 0									
6	Proceeds in refunding escrow	1			0 7,185,946										
7	Issuance costs from proceed	S			174,100 210,054										
8	Credit enhancement from pro	ceeds			0 0										
9	Working capital expenditures	from proceeds			0 0										
10	Capital expenditures from pro	ceeds				7,375	5,900		713,660						
11	O ther spent proceeds						0		2,575,340						
12	Other unspent proceeds						0		0						
13	Year of substantial completio	n			20	07		20	11				•		
					Yes	N	o	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as par	t of a current refund	ing issue?			x	(	x							
15	15 Were the bonds issued as part of an advance refunding issue?				Х	(		Х							
16	16 Has the final allocation of proceeds been made?			Х			Х								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			×			Х								
Pa	rt IIII Private Business l	Jse				•									
						A			В		Ç			D	
					Yes	N-	0	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

2

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Part III	Private	<b>Business</b>	Use	(Continued

701	Private Business Use (Continued)								
			4		В	С		I	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		×				
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?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		х				
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		0 %		0 %		•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %		<u> </u>		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х					

### Arbitrage

		Δ.	1	В		С		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?		Х		Х				
	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		X				
ь	Name of provider	0		0					
	Term of hedge								
_с			1		1				Г
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
•	•								
4a	Were gross proceeds invested in a GIC?		×		X				
	Name of provider	0		0			•		
	•								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market								
	value of the GIC satisfied?								
	Were any gross proceeds invested beyond an available temporary		1						
5	period?		X		X				
	kaa				^				
6	Did the bond issue qualify for an exception to rebate?								
_			×		X				

### **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

#### **Supplemental Information**

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

**Identifier Return Reference Explanation**  efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493045007593

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Transactions with Interested Persons**

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

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

Open to Public **Inspection** 

OMB No 1545-0047

Employer identification number Name of the organization NEWMAN UNIVERSITY INC 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 (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 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 (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization (1) DISCLOSURE NOT REQUIRED 9,000 (2) DISCLOSURE NOT REQUIRED 20,000 (3) DISCLOSURE NOT REQUIRED 20,866 (4) DISCLOSURE NOT REQUIRED 12,767

### 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	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) SAMUEL BORREGO	SEE PART V	•	EMPLOYMENT COMPENSATION		No
(2) SIMPSON ASSOCIATES CONSTRUCTION	SEE PART V	402,081	INDEPENDENT CONTRACTOR		No

#### Part V Supplemental Information

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

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

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493045007593

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

Name of the organization NEWMAN UNIVERSITY INC

**Employer identification number** 

48-0556716

Pa	rt 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	<b>(d</b> Method of d contribution	- etermının		
1	Art—Works of ar	t			j				
2	Art—Historical t	reasures .							
3	Art—Fractional i	nterests							
4	Books and public	cations							
5	Clothing and hou	usehold 							
6	Cars and other v	/ehicles							
7	Boats and plane	s							
	Intellectual prop	•							
9	Securities—Pub	licly traded .							
	Securities—Clos	•							
	Securities—Part or trust interest	ts							
	Securities—Misc								
13	Qualified conser contribution—H structures	ıstorıc							
14	Qualified conser contribution—O	rvation							
15	Real estate—Re	sıdentıal .							
16	Real estate—Co	mmercial							
17	Real estate—Ot	her							
	Collectibles .								
	Food inventory								
	Drugs and medic								
	Taxidermy								
	Historical artifac								
	Scientific specir								
24	Archeological a	TRUCTION							—
25	Other ► (SUPPL		X	2	19.040	MARKET VALUE			
	Other ►(				,				
	Other ►(								
	Other ▶ (								
29				anization during the tax yea					
	for which the or	ganızatıon compl	leted Form 8	8283, Part IV, Donee Ackr	nowledgement	29			
							Y	es	No
30a					erty reported in Part I, lines				
					on, and which is not require	d to be used			
		oses for the enti					30a	$-\!\!\!+$	No
ь 31	If "Yes," descri	_			rowow of any non-standard	contributions?	31		No
					review of any non-standard			$\dashv$	.,,,
32a	Does the organ contributions?	ızatıon hıre or us	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
		ion did not report	t revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Par	τ 11							

#### Part II

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

Identifier	Return Reference	Explanation
NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED		THE NUMBER REPORTED IN COLUMN B IS THE NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493045007593

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	Employer identifi	cation number
	48-0556716	

	Return eference	Explanation
MISSION PA	ORM 990, ART III, NE 1	WE ARE A CATHOLIC UNIVERSITY NAMED FOR JOHN HENRY CARDINAL NEWMAN AND FOUNDED BY THE ADDRERS OF THE BLOOD OF CHRIST FOR THE PURPOSE OF EMPOWERING GRADUATES TO TRANSFORM SCOTETY OUR CORE VALUES NEWMAN HUNBESTITY'S MISSION STATEMENT IS GROUNDED IN THE FOLLOWING CORE VALUES CATHOLIC DENTITY ("WE ARE A CATHOLIC UNIVERSITY") AS A CATHOLIC DISTRIPTION OF HIGH BY LEARNING, NEWMAN FINDS GUIDANCE IN COORDING SCORE VALUES CATHOLIC DENTITY ("WE ARE A CATHOLIC UNIVERSITY") AS A CATHOLIC TRANSFORM TO THE CATHOLIC COMMUNITIES AND DRAWS NOURSHMENT FROM ITS RELATIONSHIPS WITH TEACHINGS OF THE CATHOLIC COMMUNITIES AND DRAWS NOURSHMENT FROM ITS RELATIONSHIPS WITH SURROUNDING CATHOLIC COMMUNITIES AND DROCESSES AT THE SAME TIME, OUR CATHOLIC DENTITY IS DISTINCTIVED." SHAPED BY THE INFORMATION OF THE HELDOO OF CHRIST, AND OF OUR NAMESAKE, THE CATHOLIC THEOLOGAN AND EDUCATION JOHN HERRY CARDINAL NEWMAN FROM THE ADDRERS. SWEET OF THE BLOOD OF CHRIST, AND OF OUR NAMESAKE, THE CATHOLIC THEOLOGAN AND EDUCATION JOHN HERRY CARDINAL NEWMAN IN WEINHERT OF SOCIETY A MISSION IN SPIRED BY THE ADDRERS SOWN FOUNDERS, SAMI THAN DEBME AND FROM SCHOOL RESSOUNDERS OF THE PROPERS OF THE PROMPERS OF THE

ldentifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART III, LINE 1	NGES ALL WHO JOIN IT TO ACCEPT THE RESPONSIBILITY OF FORMING A CRITICAL CONSCIOUSNESS THI S MEANS MORE THAN JUST LEARNING TO PERCEIVE INJUSTICE, IT ALSO MEANS DEVELOPING THE WILLIN GNESS AND SKILLS TO TAKE ACTION A GAINST IT THROUGH THE POWER OF REASON AND AN EMBRACE OF THE GOSPEL CALL TO LOVE OUR NEIGHBOR AS OURSELVES, WE STRIVE TO CREATE A MORE JUST AND PEA CEPUL WORLD THE NEWMAN CODE EXPRESSES OUR COMMITMENT TO ENGAGING THE WHOLE PERSON IN THE EFORT TO TRANSFORM SOCIETY TO RESPECT DIGNITY UNDERSTANDING THAT DIVERSE PERSPECTIVES ARE INTEGRAL TO A LEARNING BYVIRONMENT, WE VALUE THE INSIGHTS OF EVERY MEMBER OF THE NEWMAN COMMUNITY WHEN DIFFERENCES OF OPINION AND BELIEF ARISE, WE PUT ASIDE PERSONAL PREJUDICES A ND LISTEN CAREFULLY WITH OPEN MINDS WE RESPOND CALMLY, THOUGHTFULLY, AND WITH CONSIDERATI ON FOR OPPOSING VIEWS AT ALL TIMES WE TREAT OTHERS WITH THE SAME RESPECT TO WHICH WE ARE ENTITLED WE UPHOLD, AND WHEN NECESSARY DEFEND, THE INHERENT DIGNITY AND THE FUNDAMENTAL R IGHTS OF ALL INDIVIDUALS MINDPUL OF EVERYONES NEED FOR CONDITIONS THAT SUPPORT THEIR WOR K AND DEVLEOPMENT, WE RESPECT BOTH PUBLIC AND PRIVATE PROPERTY AND WORK TO PROMOTE A SAFE AND COOPERATIVE LEARNING ENVIRONMENT TO HONOR INTEGRITY CONFRONTING LIFE TRUTHFULLLY, WE H OLD OUR WORD AS OUR BOND IF WE SAY WE WILL DO SOMETHING, WE DO IT WE BELIEVE THAT REMAIN ING TRUE TO OUR WORD, EVEN IN THE FACE OF TEMPTATION OR PERSECUTION, HAS A VALUE BEYOND ME ASURE BY PLEDGING TO HONOR OUR PERSONAL INTEGRITY, WE COMMIT OURSELVES TO BEING HONEST AND FORTHRIGHT AT ALL TIMES IN THE CLASSROOM, ON THE PLAYING FIELD, AND IN OUR RRIVATE AND PROFESSIONAL LIVES IN PARTICULAR, AS MEMBERS OF A COMMUNITY OF HIGHER LEARNING, WE HOLD AS ADEMIC WORK IN ALL PERSONAL AND ACADEMIC MATTERS, WE ABIDE BY THE RELEVANT POLICES AND CODES OF NEWMAN UNIVERSITY TO EMBRACE ALL HUMANITY DEBENS WITH THOSE NEAREST US, BUT IT DO ES NOT END THERE PROVIDED NOR ACCEPT ANY UNAUTHORIZED AND ON ACADEMIC WORK IN ALL PERSONAL AND ACADEMIC MATTERS, WE ABIDE BY THE RELEVANT POLICES AND CODES OF N

ldentifier	Return Reference	Explanation
BUSINESS RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	BOB SIMPSON AND LINDA SNOOK HAVE A BUSINESS RELATIONSHIP

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

ldentifier	Return Reference	Explanation
		THE REGIONAL LEADER AND THE REGIONAL COUNCIL OF THE ADORERS OF THE BLOOD OF CHRIST, UNITED STATES (ADORERS CONGREGATION), BEING THE MEMBERS, HAVE THE RIGHT TO APPROVE ALL OF NEWMAN UNIVERSITY'S BOARD OF TRUSTEES

ldentifier Ret Refer		Explanation
ELECTIONS SUBJECT TO MEMBER APPROVAL LINE 7E	APPROVE, MODIFY OF NA, (B) TO APPROVE, MOIS APPROVE RESOLUTION CORPORATION'S ART BY LAWS AS THE MENT CONSOLIDATIONS OR (E) TO APPROVE THE INDEBTEDNESS INCURAPPROVE THE APPOIN WILL NOT BE UNREAS TRUSTEES PURSUANT CAUSE, ANY OR ALL CORPORATION, AND (	SUBJECT TO APPROVAL BY MEMBERS OF THE ADORERS GOVERNING BODY (A) TO R DISAPPROVE THE PHILOSOPHY OR CHARITABLE PURPOSE OF THE CORPORATION, DIFY OR DISAPPROVE THE MISSION STATEMENT OF THE CORPORATION, (C) TO DISAPPROVE THE MISSION STATEMENT OF THE CORPORATION, (C) TO DISAPPROVE THE BOARD OF TRUSTEES PROPOSING AMENDMENTS TO THE PICLES OF INCORPORATION AND BY LAWS AND TO AMEND THE ARTICLES AND MISERS DEEM APPROPRIATE FROM TIME TO TIME, (D) TO APPROVE ANY MERGERS, IN DISSOLUTION AND THE ACQUISITION OR CREATION OF SUBSIDIARY CORPORATIONS, SALE, PURCHASE OR ENCUMBRANCE OF REAL PROPERTY, (F) TO APPROVE NEW WIRED BY THE CORPORATION IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000), (G) TO NUMBENT AND DISMISSAL OF THE PRESIDENT OF THE CORPORATION WHICH DECISION SONABLY WITHHELD, (H) TO APPROVE SUCCESSOR TRUSTEES PROPOSED BY THE TO ARTICLE III, SECTION 2(F), (I) TO REMOVE IMMEDIATELY, WITH OR WITHOUT TRUSTEES UPON WRITTEN NOTICE DELIVERED TO THE REGISTERED OFFICE OF THE (J) TO APPROVE AN ACTING PRESIDENT OF THE CORPORATION IF OTHER THAN THE IDENT FOR ACADEMIC AFFAIRS

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

CONFLICT OF PART VI, SECTION B, INTEREST POLICY  INTEREST PORTING PO	ldentifier	Return Reference	Explanation
	OF INTEREST	PART VI, SECTION B,	CONFLICT OF INTEREST ISSUES THIS IS PERFORMED BY COMPLETING A REPORTING FORM AND IS DISCLOSED AT THE FIRST BOARD MEETING OF THE YEAR ALSO, THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION IS CHARGED WITH REPORTING TO THE BOARD ANY BUSINESS TRANSACTIONS BETWEEN BOARD MEMBERS AND NEWMAN UNIVERSITY THAT EXCEED \$25,000 THE POLICY IS SPECIFIC ON THESE POINTS THE BOARD IS RESPONSIBLE FOR DETERMINING WHETHER OR NOT A TRANSACTION CREATES A CONFLICT OF INTEREST ONCE A POTENTIAL CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE BOARD OF TRUSTEES MAY TAKE ONE OR MORE OF THE FOLLOWING ACTIONS (1) THE TRUSTEE WHO IS A COVERED PERSON MAY INFORM THE BOARD OF THE CONFLICT AND RECUSE HIM OR HERSELF FROM PARTICIPATION IN THE DISCUSSION AND REFRAIN FROM VOTING ON THE AGENDA ACTION ITEM (2) THE BOARD OF TRUSTEES, AFTER APPROPRIATE DISCUSSION AND THROUGH A VOTE OF THE BOARD, SHALL DETERMINE, ON A SITUATION BY SITUATION BASIS, IF A CONFLICT OF INTEREST FOR A FINANCIAL TRANSACTION EXISTS THE COVERED PERSON MAY PARTICIPATE IN THE DISCUSSION BUT MAY NOT VOTE ON THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS, THE COVERED TRUSTEE SHALL BE EXCLUDED FROM THE DISCUSSION AND FROM VOTING ON THE AGENDA ACTION ITEM (3) IN CERTAIN CIRCUMSTANCES AND WHERE A CONFLICT OF INTEREST WAS NOT REPORTED BY THE COVERED PERSON, THE BOARD OF TRUSTEES MAY DISALLOW A FINANCIAL TRANSACTION, AND/OR SANCTION, REMOVE OR OTHERWISE DISCIPLINE THE COVERED PERSON/TRUSTEE. SUCH ACTION, IF DEEMED NECESSARY, SHALL BE

Identifier	Return Reference	Explanation
WHISTLEBLOWER POLICY	SECTION B, LINE 13	WHILE A WRITTEN WHISTLEBLOWER POLICY WAS NOT IN PLACE AT THE END OF THE ORGANIZATION'S FISCAL YEAR, MANAGEMENT RECOGNIZES THE IMPORTANCE OF HAVING ONE AND HAS APPROVED AND IMPLEMENTED A POLICY EFFECTIVE IN JANUARY 2013

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

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

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

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED LOSSES ON INVESTMENTS (994,629)

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOUGLAS L STANLEY TITLE CHAIRMAN OF THE BOARD/TRUSTEE HOURS 1

ldentifier	Return Reference	Explanation	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LINDA SNOOK TITLE VICE CHAIRWOMAN/TRUSTEE HOURS 1	l

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

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BART GRELINGER TITLE TRUSTEE HOURS 1

ldentifier	Return Reference	Explanation					
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEREV MSGR ROBERT HEMBERGER TITLE TRUSTEE HOURS 1					

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ARCHIE MACIAS TITLE TRUSTEE HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAN RENZ ASC TITLE TRUSTEE HOURS 41

ldentifier	Return Reference	Explanation					
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NOREEN CARROCCI TITLE PRESIDENT/TRUSTEE HOURS 1					

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEMICHAEL AUSTIN TITLE V P FOR ACADEMIC/AFFAIRS HOURS 1

ldentifier	Return Reference	Explanation					
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK DRESSELHAUS TITLE V P FOR FINANCE HOURS 1					

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMETRACY MCGAREY TITLE SECRETARY OF CORPORATION HOURS 1

DLN: 93493045007593

### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

lame of the organization EWMAN UNIVERSITY INC				<b>Employer ident</b> 48-0556716	ification number		
Part I Identification of Disregarded Entities (Com	plete if the organization	n answered "Yes"	on Form 990, Par				
<b>(a)</b> Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) d-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		the organization	answered "Yes" o	n Form 990, Part	IV, line 34 because	e it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5: contr organi	rolled
(1) ADORERS OF THE BLOOD OF CHRIST US REGION						Yes	No
4233 SULPHUR AVENUE ST LOUIS, MO 63109	SUPPORT	МО	501(C)(3)	1	NA		No
37-1402562 (2) LEAVEN INT'L CORPORATION						<del>                                     </del>	
1165 SOUTHWEST BLVD	SUPPORT	ks ks	501(C)(3)	1	ADORERS		No
WICHITA, KS 67213 48-0996031				_			
(3) NEWMAN UNIVERSITY WETLAND CONSERVATION							
3100 MCCORMICK AVENUE	CONSERVATION	KS	501(C)(3)	11a	NEWMAN UNIV	Yes	
WICHITA, KS 67213 45-4338785							

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

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>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(6)

Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)				
	Note.	omplete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
<b>1</b> D	uring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	s II-IV?					
а	Recei	t of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty			1a		No		
b	Gıft, g	ant, or capital contribution to related organization(s)			1b	1	No		
c	Gıft, g	ant, or capital contribution from related organization(s)			10	Yes			
d	Loans	or loan guarantees to or for related organization(s)			1d		No		
e	Loans	or loan guarantees by related organization(s)			<b>1</b> e	Yes			
f	Sale	assets to related organization(s)			1f		No		
g	Purch	se of assets from related organization(s)			<b>1</b> g		No		
h	Excha	nge of assets with related organization(s)			1h		No		
i	Lease	of facilities, equipment, or other assets to related organization(s)			<u> 1i</u>		No		
j	Lease	of facilities, equipment, or other assets from related organization(s)			<u>1j</u>				
k	Perfor	nance of services or membership or fundraising solicitations for related organization(s)			1k		No		
I	l Performance of services or membership or fundraising solicitations by related organization(s)								
m	Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	n	No		
n	Sharıı	g of paid employees with related organization(s)			1n		No		
0	Reimb	ursement paid to related organization(s) for expenses			10				
р	Reimb	ursement paid by related organization(s) for expenses			1p	Yes			
q	O ther	transfer of cash or property to related organization(s)			<u>1q</u>	+	No		
r	Other	ransfer of cash or property from related organization(s)			1r		No		
_2	Ifthe	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds				
		(a)	(b) Transaction	(c)	(d) Method of determ	ning am	ount		
		Name of other organization	type(a-r)	Amount involved	ınvolve				
(1) (2)									
(-)									
(3)									
(4)									
(5)									

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

# Software ID: Software Version:

**EIN:** 48-0556716

Name: NEWMAN UNIVERSITY INC

### Form 990, Special Condition Description:

### **Special Condition Description**

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		that				_	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
DOUGLAS L STANLEY CHAIRMAN OF THE BOARD/TRUSTEE	1 0	Х						0	0	0		
LINDA SNOOK VICE CHAIRWOMAN/TRUSTEE	1 0	х						0	0	0		
GERALD T AARON TRUSTEE	1 0	Х						0	0	0		
ROSE THERESE BAHR ASC TRUSTEE	1 0	х						0	0	0		
SHERYL BAKER TRUSTEE	1 0	Х						0	0	0		
TERESA HALL BARTELS TRUSTEE	1 0	Х						0	0	0		
TIMOTHY M BELSAN TRUSTEE	1 0	Х						0	0	0		
RENE STEVEN BRAND TRUSTEE	1 0	х						0	0	0		
MARY CATHERINE CLARK ASC TRUSTEE	1 0	х						0	0	0		
DENISE ANN CLIFFORD SL TRUSTEE	1 0	х						0	0	0		
KENNETH C DOONAN TRUSTEE	1 0	Х						0	0	0		
GLENN DUGAN TRUSTEE	1 0	х						0	0	0		
BART GRELINGER TRUSTEE	1 0	Х						0	0	0		
REV MSGR ROBERT HEMBERGER TRUSTEE	1 0	Х						0	0	0		
GERRY KILLEEN TRUSTEE	1 0	х						0	0	0		
MICHAEL LUDLOW MD TRUSTEE	1 0	х						0	0	0		
ARCHIE MACIAS TRUSTEE	1 0	х						0	0	0		
TONY MADRIGAL TRUSTEE	1 0	х						0	0	0		
RANDY L PETERSON TRUSTEE	1 0	х						0	0	0		
JAN RENZ ASC TRUSTEE	1 0	х						0	0	0		
VERA ROBL TRUSTEE	1 0	х						0	0	0		
GABRIELLE ROWE ASC TRUSTEE	1 0	х						0	0	0		
REV ROBERT SCHREMMER TRUSTEE	1 0	Х						0	0	0		
LARRY P SCHUMACHER TRUSTEE	1 0	х						0	0	0		
BOB SIMPSON TRUSTEE	1 0	х						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	(C) Position (check all						( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and Fide	hours	that apply)			compensation	compensation	amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JACQUELINE VIETTI TRUSTEE	1 0	Х						0	0	0
ELAINE VITELLO TRUSTEE	1 0	Х						0	0	0
REV THOMAS WELK TRUSTEE	1 0	Х						0	0	0
STEPHEN WILLIAMSON TRUSTEE	1 0	Х						0	0	0
NOREEN CARROCCI PRESIDENT/TRUSTEE	40 0	Х		х				231,030	0	22,708
MICHAEL AUSTIN V P FOR ACADEMIC/AFFAIRS	40 0			х				85,855	0	12,488
RHONDA CANTRELL V P FOR HUMAN RESOURCES	40 0			х				89,515	0	11,070
JOHN CLAYTON DEAN OF ADMISSIONS	40 0			х				83,153	0	9,927
MARK DRESSELHAUS V P FOR FINANCE	40 0			х				102,564	0	14,301
TOM BORREGO V P FOR ADVANCEMENT	40 0			х				108,832	0	20,429
TRACY MCGAREY SECRETARY OF CORPORATION	40 0			х				38,432	0	1,439
VICTOR TRILLI DIRECTOR OF ATHLETICS	40 0			х				82,586	0	33,003
SHARON NIEMANN DIRECTOR OF CRNA PROGRAM	40 0					Х		107,367	0	10,311
JOSEPH GOETZ PROFESSOR OF ACCOUNTING	40 0					Х		101,208	0	11,948
BERNADETTE FETTEROLF ASSOC DEAN SCH OF NURSING	40 0					х		95,042	0	13,086