

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax****Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No. 1545-0047

2008**Open to Public
Inspection****A For the 2008 calendar year, or tax year beginning****07/01, 2008, and ending****06/30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KANSAS CITY UNIVERSITY OF MEDICINE AND		D Employer identification number
		Doing Business As		44-0545280
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
		1750 INDEPENDENCE AVENUE		(816) 283-2000
		City or town, state or country, and ZIP + 4		
		KANSAS CITY, MO 64106		G Gross receipts \$ 67,806,978.
		F Name and address of principal officer: HOWARD D. WEAVER, DO		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(03) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶
J Website: WWW.KCUMB.EDU				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1916		M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EDUCATE AND TRAIN DOCTORS OF OSTEOPATHIC MEDICINE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	488
	6 Total number of volunteers (estimate if necessary)	6	NONE
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
7b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,162,874.	1,328,284.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,778,933.	43,891,528.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,821,448.	-3,988,509.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	501,502.	1,096,848.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,264,757.	42,328,151.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,535,484.	2,087,960.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE
	16a Professional fundraising fees (Part IX, column (A), line 11e)	21,413,835.	22,824,985.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 3,533,386.		NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,239,480.	14,885,633.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,188,799.	39,798,578.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	6,075,958.	2,529,573.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	133,678,095.	127,964,977.
	22 Net assets or fund balances. Subtract line 21 from line 20.	19,306,172.	18,737,597.
		114,371,923.	109,227,380.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	▶ Signature of officer		Date	
	▶ Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP 120 WEST 12TH STREET, SUITE 1200 KANSAS CITY, MO 64105-1936	EIN ▶ 44-0160260	Phone no. ▶ 816 221-6300	

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)JSA
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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

If "Yes," describe these changes on Schedule O.

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

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

4a (Code:) (Expenses \$ 27,376,733. including grants of \$ 1,613,739.) (Revenue \$ 44,119,183.)

THE UNIVERSITY EDUCATES DOCTORS OF OSTEOPATHIC MEDICINE. OUR FOUR
 YEAR INTEGRATED CURRICULUM EMPHASIZES BOTH THE BASIC SCIENCES AND
 CLINICAL SKILLS. THE ACADEMIC PROGRAMS OFFERED ARE TAUGHT BY
 HIGHLY QUALIFIED FACULTY. 98% OF FACULTY HAS D.O., M.D. OR PH.D.
 DEGREES. THE UNIVERSITY AWARDS APPROXIMATELY 250 D.O. DEGREES
 EACH YEAR.

4b (Code:) (Expenses \$ 558,539. including grants of \$ NONE) (Revenue \$ 859,070.)

THE UNIVERSITY'S GRADUATE SCHOOL OFFERS MASTER'S LEVEL DEGREES IN
 BIOMEDICAL SCIENCES AND BIOETHICS. THE BIOMEDICAL SCIENCES
 PROGRAM INCLUDES BOTH A ONE YEAR DEGREE PROGRAM AND A TWO-YEAR
 DEGREE PROGRAM (RESEARCH TRACK). KCUMB IS THE ONLY UNIVERSITY IN
 THE REGION TO OFFER A GRADUATE -LEVEL DEGREE IN BIOETHICS.
 APPROXIMATELY 60 GRADUATE DEGREES ARE AWARDED EACH YEAR.

4c (Code:) (Expenses \$ 474,221. including grants of \$ 474,221.) (Revenue \$ NONE)

THE UNIVERSITY HAS A STRONG COMMITMENT TO COMMUNITY SERVICE AND
 SOCIAL RESPONSIBILITY. OF PARTICULAR INTEREST ARE ACTIVITIES THAT
 PROMOTE EDUCATION AND HEALTH IMPROVEMENT IN TARGETED POPULATIONS.
 AT THE CENTER OF THE UNIVERSITY'S COMMUNITY SERVICE PROGRAMS IS
 SCORE 1 FOR HEALTH. SCORE 1 FOR HEALTH PROVIDES HEALTH CARE
 SCREENINGS AND HEALTH CARE REFERRALS TO MORE THAN 12,000 URBAN
 CORE ELEMENTARY CHILDREN. KCUMB STUDENTS, FACULTY AND STAFF
 PROVIDE IN EXCESS OF 10,000 HOURS OF COMMUNITY SERVICE EACH YEAR.

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 28,409,493. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 <input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5 <input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 <input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 <input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 <input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 <input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . SEE SCH. O.	12 <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 <input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b <input checked="" type="checkbox"/>	<input type="checkbox"/>
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 United States? <i>If "Yes," complete Schedule F, Part II</i>	15 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 United States? <i>If "Yes," complete Schedule F, Part III</i>	16 <input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 <input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 <input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 <input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 <input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 <input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 <input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d <input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b <input checked="" type="checkbox"/>	<input type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26 <input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 289	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b NONE	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a 488	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>SEE STATEMENT 2</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	14
b	Enter the number of voting members that are independent	1b	12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCH. O.	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? SEE SCH. O.	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► LINDA FALK 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106
816-283-2000

Part VIII Statement of Revenue

44-0545280

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	544,131.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	784,153.			
	g	Noncash contributions included in lines 1a-1f: \$		44,340.			
	h	Total. Add lines 1a-1f ▶		1,328,284.			
Program Service Revenue				Business Code			
	2a	PATIENT REVENUE	621110	1,551,030.	1,551,030.		
	b	STUDENT FEES & REV	611600	42,272,291.	42,272,291.		
	c	STUDENT LOAN INTEREST	611600	68,207.	68,207.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		43,891,528.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,933,167.			1,933,167.
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
			(i) Real (ii) Personal				
	6a	Gross Rents	10,123.				
	b	Less: rental expenses . . .					
	c	Rental income or (loss) . .	10,123.				
	d	Net rental income or (loss) ▶		10,123.			10,123.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	19,538,476.	18,675.			
	b	Less: cost or other basis and sales expenses	25,476,483.	2,344.			
	c	Gain or (loss)	-5,938,007.	16,331.			
	d	Net gain or (loss) ▶		-5,921,676.			-5,921,676.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19. a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory. ▶						
Miscellaneous Revenue			Business Code				
11a	CAFETERIA & VENDING	611710	86,526.	86,526.			
b	MISC SCHOOL INCOME	611710	742,235.	742,235.			
c	DRUG STUDY	900099	257,964.	257,964.			
d	All other revenue						
e	Total. Add lines 11a-11d ▶		1,086,725.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		42,328,151.	44,978,253.	NONE	-3,978,386.	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	1,219,725.	1,219,725.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	868,235.	868,235.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,121,259.	1,197,034.	1,629,101.	295,124.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	146,525.	69,108.	NONE	77,417.
7 Other salaries and wages	14,919,920.	11,821,399.	2,002,647.	1,095,874.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	1,310,389.	1,010,522.	208,389.	91,478.
9 Other employee benefits	2,170,190.	1,493,374.	504,686.	172,130.
10 Payroll taxes	1,156,702.	889,746.	181,077.	85,879.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	1,282,151.	NONE	1,282,151.	NONE
c Accounting	93,601.	69,265.	18,720.	5,616.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	1,795,672.	1,284,669.	335,616.	175,387.
12 Advertising and promotion	656,724.	449,993.	54,548.	152,183.
13 Office expenses	1,258,577.	725,744.	130,916.	401,917.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,369,624.	1,071,967.	228,382.	69,275.
17 Travel	720,666.	360,526.	118,145.	241,995.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	156,841.	NONE	156,841.	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	2,062,877.	1,781,171.	216,697.	65,009.
23 Insurance	661,629.	484,749.	171,615.	5,265.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EDUCATION-----	1,985,826.	1,951,009.	30,774.	4,043.
b PUBLIC RELATIONS-----	171,229.	78,792.	643.	91,794.
c DUES & SUBSCRIPTIONS-----	859,537.	542,897.	294,682.	21,958.
d STUDENT FUNCTIONS-----	889,253.	428,798.	68,618.	391,837.
e MISCELLANEOUS-----	921,426.	610,770.	221,451.	89,205.
f All other expenses-----				
25 Total functional expenses. Add lines 1 through 24f	39,798,578.	28,409,493.	7,855,699.	3,533,386.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	31,837,371.	2	28,460,913.
	3 Pledges and grants receivable, net	1,039,635.	3	1,064,928.
	4 Accounts receivable, net	168,959.	4	224,092.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	44,513.	8	47,219.
	9 Prepaid expenses and deferred charges	840,872.	9	999,974.
	10a Land, buildings, and equipment: cost basis	10a 59,100,918.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 21,178,789.		
	11 Investments - publicly traded securities	36,923,177.	10c	37,922,129.
	12 Investments - other securities. See Part IV, line 11	41,590,284.	11	43,969,459.
	13 Investments - program-related. See Part IV, line 11	14,498,305.	12	11,544,405.
	14 Intangible assets	2,566,744.	13	2,230,245.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,168,235.	15	1,501,613.	
	133,678,095.	16	127,964,977.	
Liabilities	17 Accounts payable and accrued expenses	4,576,135.	17	5,750,970.
	18 Grants payable		18	
	19 Deferred revenue	3,613,935.	19	2,062,950.
	20 Tax-exempt bond liabilities	7,445,411.	20	7,255,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,670,691.	25	3,668,677.
	26 Total liabilities. Add lines 17 through 25.	19,306,172.	26	18,737,597.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	105,883,997.	27	100,739,454.
	28 Temporarily restricted net assets	4,007,980.	28	4,007,980.
	29 Permanently restricted net assets	4,479,946.	29	4,479,946.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	114,371,923.	33	109,227,380.
	34 Total liabilities and net assets/fund balances	133,678,095.	34	127,964,977.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization undergo the required audit or audits?	3b	<input checked="" type="checkbox"/>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES**

Employer identification number
44-0545280

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the organizations the organization supports.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES

Employer identification number

44-0545280

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(03) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 41,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number
44-0545280

[illegible]

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		254,863.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total lines 1c through 1i			254,863.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, which is otherwise blank white space.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

BIOSCIENCES

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

KANSAS CITY UNIVERSITY OF MEDICINE AND

Employer identification number

44-0545280

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
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 Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,646,082.				
b Contributions	2,047,660.				
c Investment earnings or losses	-847,752.				
d Grants or scholarships	SEE PART XIV				
e Other expenditures for facilities and programs	138,226.				
f Administrative expenses					
g End of year balance	6,707,764.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 28.0000 %
 b Permanent endowment ► 72.0000 %
 c Term endowment ► NONE %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	55,187.	2,126,417.		2,181,604.
b Buildings		43,678,057.	12,414,740.	31,263,317.
c Leasehold improvements				
d Equipment		9,145,990.	7,302,237.	1,843,753.
e Other		4,095,267.	1,461,812.	2,633,455.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				37,922,129.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other <u>HEDGE FUNDS</u>	11,544,405.	FMV
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	11,544,405.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or 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, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
REFUNDABLE GOVT LOAN PROGRAMS	3,450,858.
CRAT PAYABLE	217,819.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	3,668,677.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)		5	

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 X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND IS USED PRIMARILY FOR STUDENT SCHOLARSHIPS AND STUDENT

LOANS. WHILE SCHEDULE D, PART V, LINE 1D SHOWS THAT NOTHING WAS

DISTRIBUTED OUT OF THE ENDOWMENT FUND DURING THE ORGANIZATION'S FISCAL

YEAR FOR SCHOLARSHIPS AND LOANS, THIS IS BECAUSE THE ORGANIZATION FUNDED

THOSE AMOUNTS OUT OF ITS OPERATING BUDGET TO PRESERVE THE CORPUS OF THE

ENDOWMENT FUND AND ALLOW IT TO GROW FOR FUTURE USE. AS DISCLOSED ON

SCHEDULE I, PART III, THE ORGANIZATION FUNDED 114 SCHOLARSHIPS IN THE

AGGREGATE AMOUNT OF \$868,235 OUT OF ITS OPERATING REVENUE.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► **To be completed by organizations that**
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES**

Employer identification number
44-0545280

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain <u>SEE STATEMENT 3</u> _____ _____ _____	<input checked="" type="checkbox"/>	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
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, attach a separate statement.) _____ _____ _____	<input checked="" type="checkbox"/>	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ _____		<input checked="" type="checkbox"/>
6a Does the organization receive any financial aid or assistance from a governmental agency? <u>STMT. 4</u>	<input checked="" type="checkbox"/>	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. _____ _____ _____		<input checked="" type="checkbox"/>
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," attach an explanation.	<input checked="" type="checkbox"/>	

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES

Employer identification number

44-0545280

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☒ **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN				SEE PART IV	
Totals ►					

[illegible]

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

3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Part IV **Supplemental Information**

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

ACTIVITIES PER REGION

SCHEDULE F, PART I, LINE 3

(A) CENTRAL AMERICA/CARIBBEAN

(B) N/A

(C) N/A

(D) PASSIVE INVESTMENTS

(E) N/A

(F) N/A

NOTHING IS DISCLOSED UNDER COLUMNS B, C, E, & F BECAUSE THE INSTRUCTIONS

ONLY REQUIRE REPORTING FOR COLUMNS A & D.

THE PASSIVE INVESTMENT ACTIVITY REFERRED TO ABOVE IS THE HEDGE FUND

INVESTMENT THAT IS DISCLOSED ON FORM 990, PART IV, LINE 4B; STATEMENT 2;

AND SCHEDULE D, PART VII.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
► **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **KANSAS CITY UNIVERSITY OF MEDICINE AND**

Employer identification number

BIOSCIENCES

44-0545280

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCORE 1 FOR HEALTH 1750 INDEPENDENCE AVE KC, MO 64106	20-3773804	501(C)(3)	474,221.				
ART COUNCIL 1055 BROADWAY KC, MO 64105	43-1840674	501(C)(3)	12,944.				
BENEDICTINE COLLEGE 1020 2ND ST ATCHINSON, KS 66002	48-0777079	501(C)(3)	25,000.				
CENTRAL EXCHANGE 1020 CENTRAL ST KC, MO 64105	43-1211570	501(C)(7)	12,500.				
GREATER KC CHAMBER OF COMMERCE 911 MAIN ST KC, MO 64105	44-0196840	501(C)(6)	40,000.				
JUNIOR ACHIEVEMENT 4049 PENNSYLVANIA STE 150 KC, MO 64111	44-0604809	501(C)(3)	15,000.				
KANSAS CITY AREA DEV COUNCIL 911 MAIN ST KC, MO 64105	43-1852671	501(C)(6)	35,000.				
KAUFFMAN CENTER FOR PERFORMING ARTS 906 GRAND BLVD 11TH FL KC, MO 64106	43-1866550	501(C)(3)	10,000.				
LYRIC OPERA 1029 CENTRAL KC, MO 64105	44-0626124	501(C)(3)	50,000.				
STARLIGHT THEATER 4600 STARLIGHT RD KC, MO 64132	44-0552079	501(C)(3)	82,500.				
UNITED WAY 1080 WASHINGTON KC, MO 64105	44-0545812	501(C)(3)	391,139.				

- 2** Enter total number of section 501(c)(3) and government organizations **8**
- 3** Enter total number of other organizations **3**

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

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	114	868,235.			

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

MONITORING OF GRANTS

SCHEDULE I, PART I, LINE 2

GRANTS GIVEN TO OTHER ORGANIZATIONS ARE TO FURTHER EDUCATION, HEALTHCARE

AND ECONOMIC DEVELOPMENT IN THE AREAS SURROUNDING THE ORGANIZATION. ALL

GRANTS ARE GIVEN TO ORGANIZATIONS WITH BOARDS CONSISTING OF CIVIC,

PHILANTHROPIC AND BUSINESS LEADERS WHO MONITOR THE USE OF GRANTS AND

ENSURE THEY'RE USED FOR PROPER PURPOSES. SCHOLARSHIPS TO STUDENTS ARE

APPLIED DIRECTLY TOWARDS THE STUDENTS ACCOUNTS TO OFFSET TUITION COSTS TO

ENSURE THAT SCHOLARSHIPS ARE USED ONLY FOR STUDENT EDUCATIONAL PURPOSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES**

Employer identification number
44-0545280

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

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

Schedule J (Form 990) 2008

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SANDRA K WILLISIE	(i)	188,115.	NONE	35,698.	7,143.	2,195.	233,151.	NONE
	(ii)	NONE					NONE	
RICHARD K HOFFINE	(i)	284,787.	194,483.	99,156.	43,000.	23,987.	645,413.	NONE
	(ii)	NONE					NONE	
DOUGLAS C DALZELL	(i)	255,501.	165,828.	28,290.	41,011.	18,605.	509,235.	NONE
	(ii)	NONE					NONE	
MARY PAT WOHLFORD WESSELS	(i)	199,426.	NONE	16,068.	35,388.	19,112.	269,994.	NONE
	(ii)	NONE					NONE	
DARIN L HAUG DO	(i)	154,193.	NONE	80,027.	20,000.	15,095.	269,315.	NONE
	(ii)	NONE					NONE	
VERGIL J GUILLORY	(i)	186,723.	NONE	36,000.	22,534.	19,821.	265,078.	NONE
	(ii)	NONE					NONE	
G MICHAEL JOHNSTON	(i)	193,068.	NONE	23,324.	21,733.	22,114.	260,239.	NONE
	(ii)	NONE					NONE	
JOSEPH M YASSO JR	(i)	175,420.	NONE	30,137.	20,703.	22,291.	248,551.	NONE
	(ii)	NONE					NONE	
KEVIN D TREFFER	(i)	169,180.	NONE	15,848.	18,832.	24,286.	228,146.	NONE
	(ii)	NONE					NONE	
GUATAM J DESAI	(i)	167,626.	NONE	15,821.	18,707.	10,005.	212,159.	NONE
	(ii)	NONE					NONE	
KAREN L PLETZ	(i)	685,492.	412,286.	110,734.	43,000.	12,841.	1,264,353.	NONE
	(ii)	NONE					NONE	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

EXPENSE REIMBURSEMENTSCHEDULE J, PART I, LINE 1

KAREN L. PLETZ RECEIVED FIRST-CLASS TRAVEL, TRAVEL FOR COMPANIONS, AND

HEALTH OR SOCIAL CLUB DUES. FIRST CLASS TRAVEL IS NOT REQUIRED TO BE

INCLUDED ON THE W-2. COMPANION TRAVEL WAS INCLUDED ON HER W-2 FOR PRIOR

YEARS BUT NOT FOR THE CURRENT YEAR. THE HEALTH OR SOCIAL CLUB DUES WERE

INCLUDED AS TAXABLE COMPENSATION ON HER W-2.

DOUGLAS C. DALZELL, RICHARD K. HOFFINE, SANDRA K. WILLSIE, AND DARIN L.

HAUG, D.O. RECEIVED HEALTH OR SOCIAL CLUB DUES WHICH WERE INCLUDED AS

TAXABLE COMPENSATION ON THEIR W-2'S.

SUBSTANTIATION OF EXPENSESSCHEDULE J, PART I, LINE 2

THE ORGANIZATION DOES REQUIRE SUBSTANTIATION BEFORE EXPENSES WERE

REIMBURSED BUT AS SET FORTH IN SCHEDULE L CERTAIN EXPENSES OF THE CEO

WERE REIMBURSED BECAUSE THE REPORTS WERE FALSIFIED.

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.

CEO COMPENSATION

SCHEDULE J, PART I, LINE 3

AS DISCUSSED IN SCHEDULE L AND IN PART VI, LINE 15, THE ORGANIZATION DID

FOLLOW THE REBUTTABLE PRESUMPTION AND CERTAIN OTHER PROCEDURES IN SETTING

THE CEO'S COMPENSATION, INCLUDING THE ITEMS CHECKED ON LINE 3, BUT THE

ORGANIZATION HAS SINCE LEARNED THAT THE COMPARABILITY DATA IN THE

COMPENSATION CONSULTANT'S REPORT MAY HAVE BEEN BASED, IN PART, ON

MISREPRESENTATIONS MADE BY THE CEO TO THE COMPENSATION CONSULTANT.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

KAREN L. PLETZ \$76,766

RICHARD K. HOFFINE \$71,231

DOUGLAS C. DALZELL \$20,000

MARY PAT WOHLFORD WESSELS \$20,000

DARIN L. HAUG DO \$20,000

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES**

Employer Identification number
44-0545280

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM M DANA JR TRUSTEE	1.	X						NONE	NONE	NONE
DERON L CHERRY TRUSTEE	1.	X						NONE	NONE	NONE
CHERYL K DILLARD TRUSTEE	1.	X						NONE	NONE	NONE
PAUL W DYBEDAL DO TRUSTEE	1.	X						NONE	NONE	NONE
KESTER J NEDD DO TRUSTEE	1.	X						NONE	NONE	NONE
ROSHANN S PARRIS TRUSTEE	1.	X						NONE	NONE	NONE
CYNTHIA MORRIS DO TRUSTEE	1.	X						NONE	NONE	NONE
TERRENCE P DUNN TRUSTEE	1.	X						NONE	NONE	NONE
CARLA C DURYEE TRUSTEE	1.	X						NONE	NONE	NONE
FREDERICK G FLYNN DO TRUSTEE	1.	X						NONE	NONE	NONE
T NELSON MANN SECRETARY & TRUSTEE	1.	X		X				NONE	NONE	NONE
DARWIN J STRICTLAND, DO VICE CHAIRMAN & TRUSTEE	1.	X		X				NONE	NONE	NONE
HOWARD D WEAVER, DO CHAIRMAN & TRUSTEE	1.	X		X				NONE	NONE	NONE
KAREN L PLETZ PRESIDENT & TRUSTEE	40.	X		X				1,208,512.	NONE	55,841.
SANDRA K WILLSIE EVP OF ACADEMIC AFFAIRS	40.			X				223,813.	NONE	9,338.
RICHARD K HOFFINE EXE VP OF FINANCE	40.			X				578,426.	NONE	66,987.
DOUGLAS C DALZELL EVP OF INSTITUTIONAL DEVEL.	40.			X				449,619.	NONE	59,616.
MARY PAT WOHLFORD WESSELS EVP OF RESEARCH & INST. EFF.	40.			X				215,494.	NONE	54,500.
DARIN L HAUG DO EVP OF ACADEMIC & MED. AFFAIRS	40.			X				234,220.	NONE	35,095.
VERGIL J GUILLORY ASSISTANT DEAN OF RESEARCH	40.					X		222,723.	NONE	42,355.
G MICHAEL JOHNSTON PROFESSOR DEPARTMENT CHAIR	40.					X		216,392.	NONE	43,847.

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

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Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

2008

**Open to Public
Inspection**

Employer Identification number
44-0545280

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Schedule J-2 (Form 990) 2008

JSA

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES

Employer identification number
44-0545280

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
	KAREN L. PLETZ	SEE SCHEDULE O		X
	RICHARD K. HOFFINE	SEE SCHEDULE O		X
	DOUGLAS C. DALZELL	SEE SCHEDULE O		X

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ NONE
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ NONE

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE SCHEDULE O					X

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization **KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES**

Employer identification number
44-0545280

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	2	3,340.	FMV
10 Securities-Closely held stock . . .				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VIDEO EQUIPMENT)	X	1	41,000.	FMV
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? SEE PART II.		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? SEE PART II.	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

GIFT ACCEPTANCE POLICY

SCHEDULE M, PART I, LINE 31

WHILE NOT ADOPTED BEFORE THE END OF THE FISCAL YEAR BEING REPORTED ON

THIS RETURN, THE ORGANIZATION'S BOARD IS IN THE PROCESS OF ADOPTING A

GIFT ACCEPTANCE POLICY THAT REQUIRES THE REVIEW OF ANY NON-STANDARD

CONTRIBUTIONS.

THIRD PARTY SALE OF NON-CASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32A

THE ORGANIZATION USES A THIRD-PARTY BROKER TO SELL PUBLICLY-TRADED

SECURITIES THAT ARE DONATED TO THE ORGANIZATION.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12 & PART XI, LINE 2B & C

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT

ACCOUNTANT ON A CONSOLIDATED BASIS. THE ORGANIZATION HAS A COMMITTEE

THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF

THE INDEPENDENT ACCOUNTANT.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

KAREN L. PLETZ AND TERRENCE P. DUNN HAVE A BUSINESS RELATIONSHIP. THEY

BOTH SERVE AS DIRECTORS FOR KANSAS CITY SOUTHERN, A PUBLICLY TRADED

COMPANY.

KAREN L. PLETZ AND DOUGLAS C. DALZELL HAD A BUSINESS RELATIONSHIP.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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MATERIAL DIVERSION OF ORGANIZATIONS ASSETS

FORM 990, PART VI, SECTION A, LINE 5

AS REPORTED IN SCHEDULE L, THE ORGANIZATION BELIEVES THAT THERE HAS BEEN

A MATERIAL DIVERSION OF THE ORGANIZATION'S ASSETS BY THE CEO, KAREN

PLETZ. ALTHOUGH THE DIVERSION WAS NOT DISCOVERED UNTIL AFTER THE END OF

THE FISCAL YEAR, THE ORGANIZATION IS TREATING THE EXCESS BENEFIT

TRANSACTIONS REPORTED IN SCHEDULE L AS A MATERIAL DIVERSION. AS DISCLOSED

ON SCHEDULE L, THE ORGANIZATION HAS FILED A LAWSUIT AGAINST THE CEO TO

RECOVER THE DIVERTED ASSETS.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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DOCUMENTATION OF MEETINGS

FORM 990, PART VI, SECTION A, LINE 8

THE ORGANIZATION CONTEMPORANEOUSLY DOCUMENTED MEETINGS OF THE GOVERNING

BOARD AND COMMITTEES BUT CERTAIN MINUTES WERE FABRICATED AS DESCRIBED IN

SCHEDULE L.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 10

IT IS THE POLICY OF THE UNIVERSITY TO HAVE ITS AUDIT COMMITTEE CONDUCT A

REVIEW OF THE FORM 990 DURING ITS PREPARATION BY AN OUTSIDE ACCOUNTANT

WITH THE ASSISTANCE OF THE UNIVERSITY'S GENERAL COUNSEL, OFFICERS AND

STAFF. THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL THE MEMBERS

OF THE UNIVERSITY'S BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE IRS.

FOR THE TAX YEAR BEING REPORTED, THE 990 WAS REVIEWED BY BOTH THE AUDIT

COMMITTEE AND THE BOARD BEFORE IT WAS FILED WITH THE IRS AND A FINAL COPY

WAS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

GOING FORWARD, IN ACCORDANCE WITH ITS FORM 990 REVIEW FUNCTION, THE AUDIT

COMMITTEE WILL HAVE THE FOLLOWING AUTHORITY AND RESPONSIBILITY:

- RETAIN, AND IF NECESSARY DISMISS, THE FORM 990 PREPARER.

- CONDUCT A REVIEW OF THE FORM 990 AND CONSULT DIRECTLY WITH THE FORM 990

PREPARER AND LEGAL COUNSEL RELATIVE TO ANY ISSUES PRESENTED ON THE

RETURN.

- REVIEW THE DESCRIPTION OF THE UNIVERSITY'S PURPOSES AND ACTIVITIES

REPORTED ON THE FORM 990 TO ENSURE ACCURACY AND COMPLIANCE WITH THE

REQUIREMENTS FOR AN IRC SECTION 501(C)(3) PUBLIC CHARITY.

- APPROVE AND ENSURE THAT AN ANNUAL DISCLOSURE STATEMENT IS DISTRIBUTED

TO THE UNIVERSITY'S OFFICERS, DIRECTORS AND KEY EMPLOYEES TO ACQUIRE

INFORMATION ON THEIR RESPECTIVE FAMILY AND BUSINESS RELATIONSHIPS,

TRANSACTIONS WITH THE UNIVERSITY, COMPENSATION FROM ENTITIES THAT ARE

RELATED TO THE UNIVERSITY, POTENTIAL CONFLICTS OF INTEREST, AND OTHER

Employer identification number
44-0545280

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Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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MONITORING OF CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION A, LINE 12C

THE ORGANIZATION SENDS OUT A QUESTIONNAIRE TO DIRECTORS AND OFFICERS ON

AN ANNUAL BASIS TO IDENTIFY POTENTIAL CONFLICTS. GOING FORWARD, THE

AUDIT COMMITTEE WILL BE CHARGED WITH THE RESPONSIBILITY TO ENSURE THAT

THE QUESTIONNAIRES ARE DISTRIBUTED, REVIEWED AND MONITORED. THE AUDIT

COMMITTEE WILL ALSO ENSURE THAT THE CONFLICTS OF INTEREST POLICY IS

COMPLIED WITH. THE POLICY COVERS ALL DIRECTORS AND OFFICERS. THE AUDIT

COMMITTEE WILL REVIEW ALL DISCLOSED TRANSACTIONS AND QUESTIONNAIRES TO

DETERMINE IF AN ACTUAL CONFLICT EXISTS. DIRECTORS AND OFFICERS WITH

CONFLICTS OF INTEREST ARE REQUIRED TO DISCLOSE ALL MATERIAL FACTS WITH

RESPECT TO THE CONFLICT TRANSACTION AND ARE PROHIBITED FROM VOTING ON THE

TRANSACTION. ONLY DISINTERESTED DIRECTORS CAN APPROVE A CONFLICTED

TRANSACTION.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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WHISTLEBLOWER POLICY

FORM 990, PART VI, SECTION A, LINE 13

SINCE JUNE 23, 2008, THE ORGANIZATION HAS POSTED ON ITS INTRANET

(EMPLOYEE INTERNAL WEBSITE) A WHISTLEBLOWER POLICY. IN FACT, CERTAIN

WHISTLEBLOWERS REFERRED TO IN SCHEDULE L DID COME FORWARD IN 2009 WHICH

HELPED PROMPT THE SPECIAL INVESTIGATION REFERRED TO IN SCHEDULE L. IN

FEBRUARY 2010, THE BOARD ADOPTED AN ENHANCED POLICY.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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COMPENSATION REVIEWFORM 990, PART VI, SECTION A, LINE 15A & 15BTHE ORGANIZATION COMPLIED WITH THE REBUTTABLE PRESUMPTION BECAUSE: (1)THERE WAS AN INDEPENDENT COMMITTEE REVIEW OF COMPENSATION; (2)COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT WASOBTAINED AND REVIEWED BY THE COMMITTEE; AND (3) THE COMPENSATIONDECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MINUTES.HOWEVER, THE ORGANIZATION HAS SUBSEQUENTLY COME TO BELIEVE THAT THECOMPARABILITY DATA MAY NOT HAVE BEEN BASED ON COMPARABLE ORGANIZATIONSDUE TO MISREPRESENTATIONS FROM THE CEO TO THE COMPENSATION CONSULTANT.FURTHER, WHILE AN INDEPENDENT COMMITTEE REVIEWED COMPENSATION, THE CEOPAID HERSELF ADDITIONAL COMPENSATION, STIPENDS AND EXPENSE REIMBURSEMENTSWITHOUT THE KNOWLEDGE OR APPROVAL OF THE BOARD OR COMMITTEE. ALL OF THISIS MORE FULLY DESCRIBED IN SCHEDULE L.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES MAKES ITS GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST, AND

SOON WILL BE POSTING THESE DOCUMENTS AND CERTAIN OTHERS ON ITS WEBSITE.

PORTIONS OF THE FINANCIAL STATEMENTS CONTAIN CONFIDENTIAL INFORMATION

WHICH IS NOT DISCLOSED, BUT THE INFORMATION FROM THE STATEMENTS REGARDING

INCOME, EXPENSE, AND ASSETS AND LIABILITIES IS REFLECTED IN PARTS VIII,

IX AND X OF THIS FORM 990.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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EXCESS BENEFIT TRANSACTIONS

SCHEDULE L, PART I, LINE 1

A. KAREN L. PLETZ

B. TRANSACTIONS

1. FALSE EXPENSE REPORTS.

(A) KNOWN. ON OCTOBER 20, 2009, SERIOUS ALLEGATIONS OF MISCONDUCT BY

THE ORGANIZATION'S PRESIDENT AND CEO, KAREN PLETZ ("CEO"), WERE BROUGHT

TO THE ATTENTION OF THE ORGANIZATION'S BOARD OF TRUSTEES ("BOARD"),

INCLUDING THAT THE CEO WAS PROVIDING FALSE INFORMATION TO THE INTERNAL

REVENUE SERVICE ("IRS"). THAT SAME DAY, THE BOARD APPOINTED A SPECIAL

COMMITTEE TO CONDUCT AN INVESTIGATION INTO THE ALLEGATIONS AND THE BOARD

HIRED INDEPENDENT LEGAL COUNSEL, WHICH HAD NO PRIOR PROFESSIONAL TIES TO

THE CEO AND HER MANAGEMENT TEAM AND WAS KNOWLEDGEABLE ABOUT THE SPECIAL

RESPONSIBILITIES OF NONPROFIT INSTITUTIONS, TO REPRESENT THE ORGANIZATION

AND ASSIST THE SPECIAL COMMITTEE WITH ITS INVESTIGATION. THE SPECIAL

COMMITTEE'S INVESTIGATION, WHICH IS CONTINUING, REVEALED THAT THE CEO

DEFRAUDED THE ORGANIZATION OVER A PERIOD OF SEVERAL YEARS AND USED THE

ORGANIZATION'S ASSETS FOR HER PERSONAL BENEFIT AND TO DETRIMENT OF THE

ORGANIZATION. TO KEEP ITS INITIAL INVESTIGATION CONFIDENTIAL, THE

SPECIAL COMMITTEE'S INVESTIGATION INITIALLY FOCUSED ON A VERY LIMITED

SAMPLING OF THE CEO'S EXPENSE REPORTS AND QUESTIONED ONLY A SMALL GROUP

OF WITNESSES WHO WERE LISTED ON THE EXPENSE REPORTS AND WHO AGREED TO

KEEP THE INVESTIGATION CONFIDENTIAL. FROM THIS LIMITED GROUP OF

WITNESSES AND EXPENSE REPORTS, THE SPECIAL COMMITTEE DISCOVERED THAT

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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APPROXIMATELY 70% OF THE CEO'S MEALS AND OTHER ENTERTAINMENT EXPENSES FROM THIS LIMITED SAMPLING THAT WERE PAID OR REIMBURSED BY THE UNIVERSITY, AND WHICH THE CEO HAD INFORMED THE IRS AS BEING APPROPRIATE BUSINESS AND ENTERTAINMENT EXPENSES, WERE FRAUDULENT BECAUSE MANY OF THE PEOPLE THAT THE CEO LISTED ON HER EXPENSE REPORTS DID NOT ATTEND THE MEAL OR ENTERTAINMENT EVENT OR THERE WAS NO BUSINESS PURPOSE FOR THE MEAL OR ENTERTAINMENT EVENT. THE INVESTIGATION HAS CONTINUED BEYOND THAT INITIAL LIMITED SAMPLING, AND THE AMOUNT OF FRAUDULENT EXPENSES IDENTIFIED AS OF MAY 1, 2010 ARE AS FOLLOWS:

FYE	AMOUNT
6/30/09	\$49,264.31
6/30/08	41,333.56
6/30/07	28,480.09
6/30/06	10,716.70
6/30/05	8,951.23
6/30/04	3,459.42
TOTAL	\$142,205.31

IN EACH CASE, THE ORGANIZATION PAID FOR OR REIMBURSED THE CEO FOR EXPENSES BASED ON REPRESENTATIONS BY THE CEO ON HER EXPENSE REPORTS THAT THE EXPENSES FURTHERED THE ORGANIZATION'S EXEMPT ACTIVITIES. THE SPECIAL COMMITTEE'S INVESTIGATION REVEALED THAT A MAJORITY OF THE INFORMATION SUBMITTED BY THE CEO TO JUSTIFY THESE CHARGES WAS MATERIALLY FALSE. THE SPECIAL COMMITTEE DETERMINED THAT THESE EXPENSES, WHETHER PAID BY THE ORGANIZATION OR REIMBURSED TO THE CEO, WERE FOR PERSONAL TRAVEL, ENTERTAINMENT AND MEALS, AND IN CONNECTION WITH THAT, THE CEO SUBMITTED

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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FALSE DOCUMENTS TO JUSTIFY THE EXPENSES AND/OR OBTAIN REIMBURSEMENT FROM THE ORGANIZATION UNDER FALSE PRETENSES. THE TOTAL AMOUNTS OF FRAUDULENT EXPENSE REIMBURSEMENTS ARE BEING DISCLOSED AS EXCESS BENEFIT TRANSACTIONS.

(B) ADDITIONAL INVESTIGATION. DUE TO THE DISCOVERY OF FALSE EXPENSE REPORTS IN THE SAMPLING INVESTIGATED BY THE SPECIAL COMMITTEE, THE INVESTIGATION HAS EXPANDED TO OTHER EXPENSE REPORTS. TO THE EXTENT ADDITIONAL FALSE EXPENSE REPORTS ARE FOUND, THEY WILL BE DISCLOSED AS ADDITIONAL EXCESS BENEFIT TRANSACTIONS ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

3. COMPENSATION. IN ADDITION TO THE FALSE EXPENSE REPORTS, THE CEO ALSO RECEIVED UNAUTHORIZED AND EXCESSIVE COMPENSATION.

(A) UNAUTHORIZED STIPENDS. THE SPECIAL COMMITTEE HAS IDENTIFIED UNAUTHORIZED COMPENSATION PAID TO THE CEO TOTALING \$780,000 FOR THE FOLLOWING YEARS:

FYE	AMOUNT
6/30/09	\$195,000
6/30/08	195,000
6/30/07	195,000
6/30/06	195,000
TOTAL	780,000

THE UNAUTHORIZED COMPENSATION PAYMENTS FOR FISCAL YEARS ENDING

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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6/30/06-6/30/09 ARE BEING DISCLOSED AS EXCESS BENEFIT TRANSACTIONS. THE CEO ALLOWED MINUTES OF MEETINGS OF THE ORGANIZATION'S EXECUTIVE COMMITTEE THAT NEVER OCCURRED TO BE PREPARED AND PLACED IN THE MINUTE BOOKS. THESE FRAUDULENT MINUTES PURPORT TO APPROVE ADDITIONAL LUMP SUM STIPEND PAYMENTS TO THE CEO, OVER AND ABOVE HER REGULAR COMPENSATION. THE CEO TOOK THE STIPENDS KNOWING THAT THIS ADDITIONAL COMPENSATION WAS NEVER DISCLOSED TO NOR APPROVED BY THE BOARD.

THE ORGANIZATION CONTINUES TO INVESTIGATE YEARS PRIOR TO FYE 6/30/06. IT IS POSSIBLE THAT THE STIPENDS PAID IN THOSE YEARS ALSO WERE NOT AUTHORIZED. THE STIPENDS PAID WERE AS FOLLOWS:

FYE	AMOUNT
6/30/05	\$ 195,000
6/30/04	193,000
6/30/03	132,000
6/30/02	174,000

(B) EXCESSIVE COMPENSATION DUE TO COMPARISON WITH POTENTIALLY NON-COMPARABLE ORGANIZATIONS. THE ORGANIZATION FOLLOWED THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" IN SETTING COMPENSATION FOR ITS CEO. AS PART OF THE PROCESS, THE INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD RECEIVED AN ANNUAL REPORT FROM AN INDEPENDENT COMPENSATION CONSULTANT SETTING FORTH PROPOSED SALARY RANGES FOR THE CEO. THE SALARY RANGES WERE PRESENTED TO THE BOARD AND COMMITTEES AS PROPER COMPARABLE COMPENSATION NUMBERS PAID BY SIMILAR ORGANIZATIONS FOR SIMILAR POSITIONS. AT LEAST SOME OF THESE REPORTS WERE PROVIDED TO THE ORGANIZATION'S THEN LEGAL

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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COUNSEL, A NATIONAL LAW FIRM, WHO ON AT LEAST ONE OCCASION SIGNED OFF ON THE COMPENSATION CONSULTANT REPORT. THE SPECIAL COMMITTEE SUBSEQUENTLY DISCOVERED THAT THE CEO MADE MISREPRESENTATIONS TO THE COMPENSATION CONSULTANT REGARDING HER ACTUAL DUTIES AND THE REAL OPERATIONS OF THE ORGANIZATION AS COMPARED TO A PERSON IN SIMILAR POSITIONS AT SIMILAR INSTITUTIONS. WHILE THE INVESTIGATION IS ONGOING, THE ORGANIZATION BELIEVES THAT THESE CEO MISREPRESENTATIONS MAY HAVE CONTRIBUTED TO THE COMPENSATION CONSULTANT'S USE OF INFLATED COMPARABLE COMPENSATION NUMBERS IN ESTABLISHING THE CEO COMPENSATION RANGES AND IN RENDERING ITS DETERMINATION THAT THE CEO'S COMPENSATION WAS REASONABLE. THE RESULT IS THAT THE ORGANIZATION LIKELY PAID EXCESSIVE COMPENSATION TO THE CEO. IN ADDITION, THE CONSULTANT DID NOT INCLUDE THE UNAUTHORIZED STIPENDS DISCUSSED ABOVE IN THE COMPENSATION ANALYSIS. THE ORGANIZATION HAS HIRED A SEPARATE AND INDEPENDENT COMPENSATION CONSULTANT TO DETERMINE THE PROPER LEVEL OF COMPENSATION. TO THE EXTENT THE ORGANIZATION DETERMINES THAT EXCESS COMPENSATION WAS PAID, THE EXCESS AMOUNT WILL BE DISCLOSED ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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EXCESS BENEFIT TRANSACTIONS CONTINUED

SCHEDULE L, PART I, LINE 1

(C) INFLATED INCENTIVE PLAN BONUSES. FROM 2000 THROUGH 2009, THE CEO AND OTHER EXECUTIVES WERE ELIGIBLE TO RECEIVE BONUSES UNDER A PERFORMANCE-BASED INCENTIVE COMPENSATION PLAN. IN 2006 AND 2007, THE CEO MANIPULATED AND FALSIFIED PERFORMANCE RESULTS IN ORDER TO INCREASE HER INCENTIVE COMPENSATION UNDER THE PLAN. THE SPECIAL INVESTIGATION IS STILL ONGOING, AND WHEN THE SPECIAL COMMITTEE DETERMINES THE AMOUNT OF ANY EXCESS COMPENSATION, IT WILL BE DISCLOSED ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

(D) CHARITABLE CONTRIBUTIONS. WHILE THE SPECIAL INVESTIGATION IS STILL ONGOING, IT HAS BEEN DISCOVERED THAT THE CEO DIRECTED HUNDREDS OF THOUSAND OF DOLLARS OF ORGANIZATION ASSETS BE DONATED, OFTEN IN HER PERSONAL NAME OR TO PAY HER PERSONAL PLEDGES, TO OTHER NONPROFIT CORPORATIONS.

IN 2005 AND 2006, THE CEO MADE PERSONAL DONATIONS OF APPROXIMATELY \$45,000 TO BENEDICTINE COLLEGE, OSTENSIBLY IN CONNECTION WITH HER STATUS AS A MEMBER OF THE BOARD OF DIRECTORS OF THAT INSTITUTION. THE CEO HAD THE ORGANIZATION REIMBURSE HER FOR THOSE PERSONAL DONATIONS TO BENEDICTINE COLLEGE WITHOUT THE KNOWLEDGE AND CONSENT OF THE ORGANIZATION'S BOARD OF TRUSTEES. IN 2003 AND 2004, THE ORGANIZATION REIMBURSED THE CEO FOR \$35,000 OF CONTRIBUTIONS TO BENEDICTINE COLLEGE. THESE REIMBURSEMENTS WERE MADE WITHOUT THE KNOWLEDGE AND CONSENT OF THE ORGANIZATION'S BOARD OF TRUSTEES. THE CEO DID NOT DIRECT THE ORGANIZATION TO INCLUDE THE AMOUNTS PERSONALLY REIMBURSED TO HER FOR HER

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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PERSONAL CONTRIBUTIONS AND COMMITMENTS TO BENEDICTINE COLLEGE OR THAT WERE DIRECTLY PAID TO BENEDICTINE COLLEGE ON HER BEHALF TO BE INCLUDED IN HER PERSONAL INCOME FOR THESE YEARS.

THE CEO JOINED THE UNITED WAY'S TOCQUEVILLE SOCIETY, A FUNDRAISING ARM OF THE UNITED WAY. MEMBERSHIP IN THE TOCQUEVILLE SOCIETY IS LIMITED TO INDIVIDUAL DONORS. IN 2005-2009, THE CEO MADE PERSONAL COMMITMENTS AND PLEDGES IN THE AMOUNTS OF \$30,000 (2005), \$40,000 (2006), \$50,000 (2007), \$75,000 (2008) AND \$75,800 (2009). THE CEO THEN DIRECTED THE ORGANIZATION, WITHOUT THE KNOWLEDGE OF THE ORGANIZATION'S BOARD OF TRUSTEES, TO PAY HER PERSONAL PLEDGES TO THE TOCQUEVILLE SOCIETY, WHICH TOTALED OVER \$270,800 OVER THE FIVE YEAR PERIOD. THE CEO DID NOT DIRECT THE ORGANIZATION TO INCLUDE THE AMOUNTS PAID TO THE UNITED WAY BY THE ORGANIZATION FOR HER PERSONAL PLEDGES AND COMMITMENTS TO THE TOCQUEVILLE SOCIETY IN HER PERSONAL INCOME FOR THESE YEARS.

THE AMOUNTS OF THESE CHARITABLE CONTRIBUTIONS (WHICH TOTAL \$350,800) THAT WERE REIMBURSED TO THE CEO, OR PAID ON HER BEHALF TO FULFILL HER PERSONAL PLEDGES, ARE BEING DISCLOSED AS EXCESS BENEFIT TRANSACTIONS. THE SPECIAL INVESTIGATION IS ONGOING, AND TO THE EXTENT THAT ADDITIONAL CHARITABLE CONTRIBUTIONS ARE DISCOVERED THAT CONSTITUTE EXCESS BENEFIT TRANSACTIONS, THEY WILL BE DISCLOSED ON FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

4. ORGANIZATION MANAGERS.

(A) FALSE EXPENSE REPORTS. THE CEO'S OWN MISCONDUCT AND LACK OF

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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SUPERVISION ENCOURAGED DOUGLAS DALZELL ("EXECUTIVE DEAN") AND RICHARD HOFFINE ("CFO"), BOTH OF WHOM WERE "ORGANIZATION MANAGERS" OF THE ORGANIZATION, TO DISREGARD THEIR OWN DUTIES OF GOOD FAITH, DUE CARE, HONESTY, OBEDIENCE TO THE MISSION AND LOYALTY TO THE ORGANIZATION AND ITS BOARD. THE CEO'S MISCONDUCT AND HER ENCOURAGING OF MISCONDUCT BY THE EXECUTIVE DEAN AND CFO CAUSED A SITUATION IN WHICH, WHILE THE EXECUTIVE DEAN AND THE CFO WERE AWARE OF THESE EXPENDITURES, THEY DID NOTHING TO BRING THESE ISSUES TO THE ATTENTION OF THE BOARD. THE INVESTIGATION IS STILL ONGOING, AND TO THE EXTENT THE ORGANIZATION DETERMINES THAT THE CFO AND EXECUTIVE DEAN "KNOWINGLY PARTICIPATED" IN THIS EXCESS BENEFIT TRANSACTION, IT WILL BE DISCLOSED ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

NO OTHER "ORGANIZATION MANAGER" (OTHER THAN THE CEO) KNOWINGLY PARTICIPATED IN THE EXPENSE REIMBURSEMENTS KNOWING THEY WERE EXCESS BENEFIT TRANSACTIONS. DURING THE PERIODS IN QUESTION, NEITHER THE BOARD NOR ANY COMMITTEE REVIEWED INDIVIDUAL EXPENSE REPORTS, NOR IS SUCH BOARD OR COMMITTEE REVIEW COMMON OR CUSTOMARY. FURTHER, EVEN IF THEY DID REVIEW THE REPORTS, THEY WOULD NOT HAVE BEEN ABLE TO DISCOVER THAT THE INFORMATION REPORTED ON THE EXPENSE REPORTS WAS FRAUDULENT.

(B) UNAUTHORIZED STIPENDS. THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO) THAT KNOWINGLY PARTICIPATED IN ESTABLISHING THE UNAUTHORIZED STIPENDS KNOWING IT WAS AN EXCESS BENEFIT TRANSACTION. THE BOARD AND COMMITTEES WERE NOT AWARE OF NOR DID THEY AUTHORIZE THE UNAUTHORIZED STIPENDS. THE CEO OBTAINED THE UNAUTHORIZED STIPENDS THROUGH FRAUDULENT MINUTES OF MEETINGS THAT NEVER

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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OCCURRED. THE CEO TOOK THE STIPENDS KNOWING THAT THIS ADDITIONAL
COMPENSATION WAS NEVER DISCLOSED TO NOR APPROVED BY THE BOARD.

(C) EXCESSIVE COMPENSATION. THE ORGANIZATION IS NOT AWARE OF ANY
"ORGANIZATION MANAGER" (OTHER THAN THE CEO) THAT KNOWINGLY PARTICIPATED
IN ESTABLISHING THE POTENTIALLY EXCESSIVE COMPENSATION. THE BOARD AND
ITS COMMITTEES RELIED ON REPORTS FROM AN INDEPENDENT COMPENSATION
CONSULTANT THAT THE BOARD AND THE COMMITTEES BELIEVED TO CONTAIN ACCURATE
INFORMATION. UNBEKNOWNST TO THE BOARD AND ITS COMMITTEES, THE CEO
MISREPRESENTED HER ACTUAL DUTIES AND THE REAL OPERATIONS OF THE
ORGANIZATION AS COMPARED TO A PERSON IN SIMILAR POSITIONS AT SIMILAR
INSTITUTIONS IN ORDER TO JUSTIFY INFLATED COMPARABLES IN THE CONSULTANT
REPORTS AND HER INFLATED SALARIES THAT RESULTED FROM THE CONSULTANT
REPORTS.

(D) INFLATED INCENTIVE PLAN BONUSES. THE ORGANIZATION IS NOT AWARE
OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO) THAT KNOWINGLY
PARTICIPATED IN THE INFLATED INCENTIVE BONUSES KNOWING IT WAS AN EXCESS
BENEFIT TRANSACTION. THE BOARD AND COMMITTEES WERE NOT AWARE THAT THE
CEO HAD MANIPULATED AND FALSIFIED PERFORMANCE RESULTS IN ORDER TO
INCREASE HER INCENTIVE COMPENSATION UNDER THE PLAN.

(E) CHARITABLE CONTRIBUTIONS. THE ORGANIZATION IS NOT AWARE OF ANY
"ORGANIZATION MANAGER" (OTHER THAN THE CEO) THAT KNOWINGLY PARTICIPATED
IN REIMBURSING THE CEO FOR CHARITABLE CONTRIBUTIONS SHE MADE OR PAYING ON
HER BEHALF PERSONAL CHARITABLE PLEDGES SHE HAD MADE. THESE PAYMENTS AND
REIMBURSEMENTS WERE MADE WITHOUT THE KNOWLEDGE OR CONSENT OF THE BOARD.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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5. CORRECTION. THE CEO HAS NOT CORRECTED ANY OF THE REPORTED EXCESS BENEFIT TRANSACTIONS. THE ORGANIZATION, BASED ON AUTHORIZATION FROM THE BOARD OF DIRECTORS, HAS FILED A LAWSUIT AGAINST THE CEO FOR RESTITUTION FOR THESE AMOUNTS PLUS OTHER DAMAGES SUFFERED BY THE ORGANIZATION DUE TO CEO'S MISMANAGEMENT OF THE ORGANIZATION AND BREACH OF FIDUCIARY DUTIES. THE LAWSUIT, KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES V. KAREN L. PLETZ WAS FILED IN THE CIRCUIT COURT OF JACKSON COUNTY MISSOURI ON MARCH 22, 2010.

TOTAL KNOWN* EXCESS BENEFITS FOR CEO	
EXPENSE REPORTS	\$142,205.31
UNAUTHORIZED STIPENDS	780,000.00
EXCESSIVE COMPENSATION	UNKNOWN
INFLATED INCENTIVE BONUSES	UNKNOWN
CHARITABLE CONTRIBUTIONS	350,800.00
TOTAL	1,273,005.31

*THE "KNOWN" AMOUNTS ARE AS OF MAY 1, 2010. THE INVESTIGATION IS ONGOING AND ANY OF THESE AMOUNTS MAY INCREASE BASED ON THE RESULTS OF THE ADDITIONAL INVESTIGATION. TO THE EXTENT ADDITIONAL KNOWN EXCESS BENEFITS ARE DISCOVERED THROUGH ADDITIONAL INVESTIGATION, THEY WILL BE DISCLOSED ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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EXCESS BENEFIT TRANSACTIONS CONTINUED

SCHEDULE L, PART I, LINE 1

A. RICHARD K. HOFFINE & DOUGLAS C. DALZELL

B. TRANSACTIONS

1. EXCESSIVE COMPENSATION DUE TO COMPARISON WITH POTENTIALLY

NON-COMPARABLE ORGANIZATIONS. THE ORGANIZATION FOLLOWED THE "REBUTTABLE

PRESUMPTION OF REASONABLENESS" IN SETTING COMPENSATION FOR ITS CEO. IT

ALSO FOLLOWED THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR RICHARD

HOFFINE ("CFO") AND DOUGLAS DALZELL ("EXECUTIVE DEAN"). AS PART OF THE

PROCESS, THE INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD RECEIVED AN

ANNUAL REPORT FROM AN INDEPENDENT COMPENSATION CONSULTANT SETTING FORTH

PROPOSED SALARY RANGES FOR THE CFO AND EXECUTIVE DEAN. THE SALARY RANGES

WERE PRESENTED TO THE BOARD AND COMMITTEES AS PROPER COMPARABLE

COMPENSATION NUMBERS PAID BY SIMILAR ORGANIZATIONS FOR SIMILAR POSITIONS.

AT LEAST SOME OF THESE REPORTS WERE PROVIDED TO THE ORGANIZATION'S THEN

LEGAL COUNSEL, A NATIONAL LAW FIRM, WHO ON AT LEAST ONE OCCASION SIGNED

OFF ON THE COMPENSATION CONSULTANT REPORT. THE SPECIAL COMMITTEE

SUBSEQUENTLY DISCOVERED THAT THE CEO MADE MISREPRESENTATIONS TO THE

COMPENSATION CONSULTANT REGARDING THE REAL OPERATIONS OF THE ORGANIZATION

AND WHAT TYPES OF OTHER ORGANIZATIONS WERE COMPARABLE ORGANIZATIONS.

WHILE THE INVESTIGATION IS ONGOING, THE ORGANIZATION BELIEVES THAT THESE

CEO MISREPRESENTATIONS MAY HAVE CONTRIBUTED TO THE COMPENSATION

CONSULTANT'S USE OF INFLATED COMPARABLE COMPENSATION NUMBERS IN

ESTABLISHING THE CFO AND EXECUTIVE DEAN COMPENSATION RANGES AND IN

RENDERING ITS DETERMINATION THAT THE COMPENSATION PAID TO THE CFO AND

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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EXECUTIVE DEAN WAS REASONABLE. THE RESULT IS THAT THE ORGANIZATION LIKELY PAID EXCESSIVE COMPENSATION TO THE CFO AND EXECUTIVE DEAN. THE ORGANIZATION HAS HIRED A SEPARATE AND INDEPENDENT COMPENSATION CONSULTANT TO DETERMINE THE PROPER LEVEL OF COMPENSATION. TO THE EXTENT THE ORGANIZATION DETERMINES THAT EXCESS COMPENSATION WAS PAID, THE EXCESS AMOUNT WILL BE DISCLOSED ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

2. INFLATED INCENTIVE PLAN BONUSES. FROM 2000 THROUGH 2009, THE CFO AND EXECUTIVE DEAN WERE ELIGIBLE TO RECEIVE BONUSES UNDER A PERFORMANCE-BASED INCENTIVE COMPENSATION PLAN. IN 2006 AND 2007, THE CEO MANIPULATED AND FALSIFIED PERFORMANCE RESULTS IN ORDER TO INCREASE HER INCENTIVE COMPENSATION UNDER THE PLAN, WITH THE RESULT THAT THE INCENTIVE COMPENSATION OF THE CFO AND EXECUTIVE DEAN UNDER THE PLAN WERE ALSO INCREASED. THE SPECIAL INVESTIGATION IS STILL ONGOING, AND WHEN THE SPECIAL COMMITTEE DETERMINES THE AMOUNT OF ANY EXCESS COMPENSATION, IT WILL BE DISCLOSED ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

3. USE OF ORGANIZATION PROPERTY, SUPPLIES AND TIME TO RUN FOR-PROFIT BUSINESSES. THE CEO ALLOWED AND FOSTERED AN ATMOSPHERE IN THE EXECUTIVE OFFICES OF "ANYTHING GOES," WHICH INCLUDED EMPLOYEES USING ORGANIZATION PROPERTY, STAFF, SUPPLIES AND TIME TO RUN PERSONAL FOR-PROFIT BUSINESSES OUT OF THE ORGANIZATION WHEN THEY SHOULD HAVE BEEN ENGAGED IN ORGANIZATION BUSINESS. FOR EXAMPLE, THE EXECUTIVE DEAN OPERATED SEVERAL FAMILY-OWNED RESTAURANTS OUT OF THE ORGANIZATION USING THE ORGANIZATION'S INTERNAL AUDITOR TO KEEP THE RESTAURANT BOOKS ON THE ORGANIZATION'S

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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COMPUTERS. THE INVESTIGATION IS ONGOING, AND TO THE EXTENT THE SPECIAL COMMITTEE DETERMINES ANY EXCESS BENEFIT TRANSACTION RESULTED, IT WILL BE DISCLOSED ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990.

4. ORGANIZATION MANAGERS.

(A) EXCESSIVE COMPENSATION. THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO) THAT KNOWINGLY PARTICIPATED IN ESTABLISHING THE POTENTIALLY EXCESSIVE COMPENSATION. THE BOARD AND ITS COMMITTEES RELIED ON REPORTS FROM AN INDEPENDENT COMPENSATION CONSULTANT THAT THE BOARD AND THE COMMITTEES BELIEVED TO CONTAIN ACCURATE INFORMATION. UNBEKNOWNST TO THE BOARD AND ITS COMMITTEES, THE CEO MISREPRESENTED THE REAL OPERATIONS OF THE ORGANIZATION AND WHAT TYPES OF OTHER ORGANIZATIONS WERE COMPARABLE ORGANIZATIONS IN ORDER TO JUSTIFY INFLATED COMPARABLES IN THE COMPENSATION REPORTS AND THE INFLATED SALARIES THAT RESULTED FROM IT.

(B) INFLATED INCENTIVE PLAN BONUSES. THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO) THAT KNOWINGLY PARTICIPATED IN THE INFLATED INCENTIVE BONUSES KNOWING IT WAS AN EXCESS BENEFIT TRANSACTION. THE BOARD AND COMMITTEES WERE NOT AWARE THAT THE CEO HAD MANIPULATED AND FALSIFIED PERFORMANCE RESULTS IN ORDER TO INCREASE THE CFO'S AND EXECUTIVE DEAN'S INCENTIVE COMPENSATION UNDER THE PLAN.

(C) USE OF ORGANIZATION PROPERTY, TIME AND SUPPLIES TO RUN FOR-PROFIT BUSINESSES. THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER"

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
--------------------------	--	--------------------------------	------------

(OTHER THAN THE CEO, CFO AND EXECUTIVE DEAN) THAT KNOWINGLY PARTICIPATED
IN THIS ACTIVITY. THE BOARD AND ITS COMMITTEES WERE NOT AWARE OF NOR DID
THEY APPROVE SUCH ACTIVITIES.

5. CORRECTION. THE SPECIAL COMMITTEE HAS NOT YET DETERMINED THE
EXTENT OR AMOUNT, IF ANY, OF ANY EXCESS BENEFIT TO THE CFO AND EXECUTIVE
DEAN AND NEITHER INDIVIDUAL HAS YET ATTEMPTED TO CORRECT ANY SUCH AMOUNT.

Name of the organization	KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	Employer identification number	44-0545280
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BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

(A) CASEY PLETZ

(B) CASEY PLETZ IS THE DAUGHTER OF KAREN PLETZ WHO IS A DIRECTOR AND

OFFICER OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

(C) \$72,000

(D) CASEY PLETZ IS AN EMPLOYEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND

BIOSCIENCES

(E) NO

(A) MARGARITA DALZELL

(B) MARGARTIA DALZELL IS THE DAUGHTER IN LAW OF DOUG DALZELL WHO IS AN

OFFICER OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

(C) \$48,000

(E) MARGARITA DALZELL IS AN EMPLOYEE OF KANSAS CITY UNIVERSITY OF

MEDICINE AND BIOSCIENCES

(E) NO

(A) PARRIS COMMUNICATIONS, INC.

(B) ROSHANN S. PARRIS IS A TRUSTEE OF KANSAS CITY UNIVERSITY OF MEDICINE

AND BIOSCIENCES AND AN OFFICER, DIRECTOR, AND OWNER OF PARRIS

COMMUNICATIONS, INC.

(C) \$132,122

(D) PARRIS COMMUNICATIONS, INC. PROVIDES PUBLIC RELATION SERVICES TO

KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

(E) NO

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
► **See separate instructions.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES

Employer identification number
44-0545280

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
INDEPENDENCE AVENUE DEV CO. 43-1848034 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	REAL ESTATE	MO	501(C) (3)	11 A	N/ A
HEALTH POLICY INSTITUTE 20-1138771 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	HEALTHCARE	MO	501(C) (4)	N/ A	N/ A
DERON CHERRY CELEBRITY INVITATIONAL GOL 43-1683174 1750 INDEPENDENT AVENUE KANSAS CITY, MO 64106	FUNDRAISING	MO	501(C) (3)	11 A	N/ A
SCORE 1 FOR HEALTH 20-3773804 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	HEALTHCARE	MO	501(C) (3)	7	N/ A

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1) HEALTH POLICY, INC	B	49,618.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

[illegible]

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

DEVELOPING AND SUSTAINING THE HIGHEST QUALITY EDUCATIONAL PROGRAMS
FOR THE PREPARATION OF PHYSICIANS, ETHICISTS, AND SCIENTISTS WHO ARE
LEADERS IN MEETING THE NEEDS OF AN EVER CHANGING SOCIETY BY
MAINTAINING A CULTURE WHICH EMBODIES THE PRINCIPLES AND PHILOSOPHY OF
OUR HERITAGE, EXEMPLIFYING HUMANE, HOLISTIC AND COMPASSIONATE CARE.
WE CONTRIBUTE TO THE ADVANCEMENT OF KNOWLEDGE THROUGH RESEARCH AND
SCHOLARLY ACTIVITIES DEVELOPING THE POTENTIAL OF STUDENTS AND FACULTY
BY SUSTAINING A LEARNING ENVIRONMENT WHICH EMPHASIZES EDUCATIONAL AND
PERSONAL VALUES AND A STRIVES TOWARD EXCELLENCE.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
=====

BRITISH VIRGIN ISLANDS
CAYMAN ISLANDS

SCHEDULE E - EXPLANATION FOR LINE 3

=====

THE FOLLOWING LANGUAGE IS USED IN OUR UNIVERSITY CATALOG, ADMISSION MATERIAL, AND ON THE ADMISSIONS WEBSITE:

KCUMB IS COMMITTED TO PROVIDING AN ACADEMIC AND EMPLOYMENT ENVIRONMENT IN WHICH STUDENTS AND EMPLOYEES ARE TREATED WITH COURTESY, RESPECT AND DIGNITY. IT IS THE POLICY OF THE UNIVERSITY THAT NO STUDENT SHALL, BECAUSE OF GENDER, RACE, COLOR, CREED, HANDICAP OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFIT OF OR BE SUBJECTED TO DISCRIMINATION IN ANY PROGRAM SPONSORED BY THE UNIVERSITY. INQUIRIES REGARDING COMPLIANCE MUST BE DIRECTED TO THE EXECUTIVE VICE PRESIDENT FOR INSTITUTIONAL DEVELOPMENT, AND EXECUTIVE DEAN, GRADUATE STUDIES, WHO IS THE COORDINATOR OF THE UNIVERSITY'S NON-DISCRIMINATION PROGRAM.

SCHEDULE E - EXPLANATION FOR LINE 6A
=====

THE ORGANIZATION RECEIVES GOVERNMENT GRANTS TO FURTHER ITS EXPENT
PURPOSE.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2008

Open to Public Inspection
for 501(c)(3) Organizations Only

For calendar year 2008 or other tax year beginning 07/01, 2008, and
ending 06/30, 2009. See separate instructions.

A ☐ Check box if
address changed

B Exempt under section

☒ 501(c)(3) ☐ 220(e)
☐ 408(e) ☐ 530(a)
☐ 408A ☐ 529(a)

C Book value of all assets
at end of year

127,964,977.

**Print
or
Type**

Name of organization (☐ Check box if name changed and see instructions.)

KANSAS CITY UNIVERSITY OF MEDICINE AND
BIOSCIENCES

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.

1750 INDEPENDENCE AVENUE

City or town, state, and ZIP code

KANSAS CITY, MO 64106

D Employer identification number

(Employees' trust, see instructions for Block D
on page 9.)

44-0545280

E Unrelated business activity codes

(See instructions for Block E on page 9.)

900003

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of LINDA FALK

Telephone number 816-283-2000

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See page 11 of the instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12.	13		

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	NONE
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562).	21	NONE
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b NONE
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	NONE
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	NONE
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	NONE
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	NONE

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):(1) (2) (3) **b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) **c** Income tax on the amount on line 34 **35c**

NONE

36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax onthe amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36** **37 Proxy tax.** See page 16 of the instructions **37** **38 Alternative minimum tax** **38** **39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39**

NONE

Part IV Tax and Payments**40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a** **b** Other credits (see page 17 of the instructions) **40b** **c** General business credit. Attached Form 3800 **40c** **d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** **e Total credits.** Add lines 40a through 40d **40e** **41** Subtract line 40e from line 39 **41**

NONE

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42** **43 Total tax.** Add lines 41 and 42 **43**

NONE

44 a Payments: A 2007 overpayment credited to 2008 **44a** **b** 2008 estimated tax payments **44b** **c** Tax deposited with Form 8868 **44c** **d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d** **e** Backup withholding (see instructions) **44e** **f** Other credits and payments: ☐ Form 2439 ☐ Form 4136 Other Total **44f** **45 Total payments.** Add lines 44a through 44f **45** **46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ☐ **46** **47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

NONE

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

NONE

49 Enter the amount of line 48 you want: **Credited to 2009 estimated tax** **Refunded** **49**

NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ☐ If YES, see page 5 of the instructions for other forms the organization may have to file.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ☐**1** Inventory at beginning of year **1** **2** Purchases **2** **3** Cost of labor **3** **4 a** Additional section 263A costs (attach schedule) **4a** **b** Other costs (attach schedule) **4b** **5 Total.** Add lines 1 through 4b **5** **6** Inventory at end of year **6** **7 Cost of goods sold.** Subtract line

6 from line 5. Enter here and in

Part I, line 2. **7** **8** Do the rules of section 263A (with respect to

property produced or acquired for resale) apply

to the organization? ☐ **Yes** ☒ **No**

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Sign Here

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

Signature of officer <input type="text"/>	Date <input type="text"/>	Title <input type="text"/>
---	---------------------------	----------------------------

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer's Use OnlyPreparer's signature Date Check if self-employed ☐Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code BKD, LLP
120 WEST 12TH STREET, SUITE 1200

EIN 44-0160260

Phone no. 816 221-6300

KANSAS CITY, MO 64105-1936

Form **990-T** (2008)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
 (see instructions on page 19)
1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B). ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)
			8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).
Total dividends-received deductions included in column 8 ▶			Enter here and on page 1, Part I, line 7, column (B).

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶						

Schedule J - Advertising Income (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 3		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
SANDRA K WILLISIE 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	EVP OF ACADEMIC AFFAIRS	NONE	NONE
RICHARD K HOFFINE 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	EXE VP OF FINANCE	NONE	NONE
DOUGLAS C DALZELL 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	EVP OF INSTITUTIONAL DEVEL.	NONE	NONE
MARY PAT WOHLFORD WESSELS 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	EVP OF RESEARCH & INST. EFF.	NONE	NONE
WILLIAM M DANA JR 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
DERON L CHERRY 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
CHERYL K DILLARD 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
DARIN L HAUG DO 1750 INDEPENDENCE AVENUE	EVP OF ACADEMIC & MED. AFFAIRS	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
KANSAS CITY, MO 64106			
PAUL W DYBEDAL DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
KESTER J NEDD DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
ROSHANN S PARRIS 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
CYNTHIA MORRIS DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
TERRENCE P DUNN 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
CARLA C DURYEE 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE
FREDERICK G FLYNN DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
T NELSON MANN 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SECRETARY & TRUSTEE	NONE	NONE
DARWIN J STRICTLAND, DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	VICE CHAIRMAN & TRUSTEE	NONE	NONE
HOWARD D WEAVER, DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	CHAIRMAN & TRUSTEE	NONE	NONE
KAREN L PLETZ 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	PRESIDENT & TRUSTEE	NONE	NONE
TOTAL COMPENSATION			----- NONE =====