Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 07/01 , 2009, and ending 06/30 , 20 10

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

OMB No. 1545-1878

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization

KANSAS CITY UNIVERSITY OF MEDICINE AND

Employer identification number

44-0545280

Name and title of officer

HOWARD D WEAVER, DO, PRESIDENT & TRUSTEE

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	**Form 990** check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	51011143.
2a	**Form 990-EZ** check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	**Form 8868** check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BKD, LLP to enter my PIN 8 8 2 1 8 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 05/16/2011

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 4 3 0 3 2 5 4 4 0 1 6

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01 , **2009, and ending** 06/30 , **20** 10

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization KANSAS CITY UNIVERSITY OF MEDICINE AND

Doing Business As

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

1750 INDEPENDENCE AVENUE

City or town, state or country, and ZIP + 4

KANSAS CITY, MO 64106

D Employer identification number 44-0545280

E Telephone number (816) 283-2000

G Gross receipts $ 80,865,034.

F Name and address of principal officer: HOWARD D. WEAVER, DO
1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

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

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(03) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.KCUMB.EDU

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] 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:
KCUMB IS A COMMUNITY OF PROFESSIONALS COMMITTED TO EXCELLENCE IN THE EDUCATION OF HIGHLY QUALIFIED STUDENTS IN OSTEPATHIC MEDICINE, THE BIOSCIENCES, BIOETHICS AND HEALTH PROFESSIONS.

2 Check this box ▶ [ ] 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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	526
6	Total number of volunteers (estimate if necessary)	6	9
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	1,328,284.	574,275.
9	Program service revenue (Part VIII, line 2g)	43,891,528.	46,529,325.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,988,509.	2,779,027.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,096,848.	1,128,516.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,328,151.	51,011,143.

COPY FOR PUBLIC INSPECTION

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,087,960.	1,423,285.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,824,985.	24,255,824.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 3,176,652.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,885,633.	18,695,322.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,798,578.	44,374,431.
19	Revenue less expenses. Subtract line 18 from line 12	2,529,573.	6,636,712.

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	127,964,977.	136,196,375.
21	Total liabilities (Part X, line 26)	18,737,597.	17,264,434.
22	Net assets or fund balances. Subtract line 21 from line 20	109,227,380.	118,931,941.

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Date Check if self-employed ▶ [ ] Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP
1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246

EIN ▶ 44-0160260

Phone no. ▶ 816 221-6300

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

JSA
9E1065 1.000

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I (** on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print		
File by the extended due date for filing the return. See instructions.	Name of Exempt Organization KANSAS CITY UNIVERSITY OF MEDI BIOSCIENCES	**Employer identification number** 44-0545280
	Number, street, and room or suite no. If a P.O. box, see instructions. 1750 INDEPENDENCE AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64106	

Check type of return to be filed (File a separate application for each return):

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041- A	[ ] Form 6069
[ ] Form 990-B L	[ ] Form 990-T (sec. 401(a) or 408(a) tr ust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-E Z	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ FRED CORNWELL
  Telephone No. ▶ 816 283-2306 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ [ ]. If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15/2011.

5 For calendar year _____, or other tax year beginning 07/01/2009, and ending 06/30/2010.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION
NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System). See instructions.	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

BKD, LLP
1201 WALNUT, SUITE 1700
KANSAS CITY, MO 64106-2246

Form **8868**
(Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return. See instructions.	KANSAS CITY UNIVERSITY OF MEDICINE AN BIOSCIENCES	44-0545280
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1750 INDEPENDENCE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	KANSAS CITY, MO 64106	

Check type of return to be filed (file a separate application for each return):

X	Form 990	☐	Form 990-T (corporation)	☐	Form 4720
☐	Form 990-BL	☐	Form 990-T (sec. 401(a) or 408(a) trust)	☐	Form 5227
☐	Form 990-EZ	☐	Form 990-T (trust other than above)	☐	Form 6069
☐	Form 990-PF	☐	Form 1041-A	☐	Form 8870

- The books are in the care of ▶ FRED CORNWELL

Telephone No. ▶ 816 283-2306 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . ▶ ☐ . If it is for part of the group, check this box . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
▶ X tax year beginning 07/01, 2009, and ending 06/30, 2010.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 4-2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 25,750,840. including grants of $ 1,134,670.) (Revenue $ 45,390,135.)
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 $ 725,885. including grants of $ 13,161.) (Revenue $ 1,761,944.)
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 $ 3,508,693. including grants of $ 275,454.) (Revenue $ 500,512.)
THE UNIVERSITY HAS A STRONG COMMITMENT TO COMMUNITY SERVICE AND SOCIAL RESPONSIBILITY. THE UNIVERSITY PROVIDES SERVICES WHICH PROMOTES EDUCATION AND HEALTH IMPROVEMENT IN TARGETED AREAS. THIS ENDEAVOR IS ACCOMPLISHED BY THREE INITIATIVES - I) CLINICAL PRACTICE AT PHYSCIANS ASSOCIATES, II) RESEARCH IN AREAS SUPPORTING THE MISSION OF THE UNIVERSITY, AND III) SCORE 1 FOR HEALTH.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 29,985,418.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a	X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b	X	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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	258		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	526		
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: ▶ ATTACHMENT 2 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	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	11		
b	Enter the number of voting members that are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	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 organization 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 ▶ MO,

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: ▶ FRED CORNWELL 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106
816-283-2306

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(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	1.00	X						0.	0.	0.
DERON L CHERRY TRUSTEE	1.00	X						0.	0.	0.
CHERYL K DILLARD TRUSTEE	1.00	X						0.	0.	0.
PAUL W DYBEDAL DO TRUSTEE	1.00	X						0.	0.	0.
KESTER J NEDD DO SEE SCHEDULE O	1.00	X						0.	0.	0.
ROSHANN S PARRIS SEE SCHEDULE O	1.00	X						0.	0.	0.
CYNTHIA MORRIS DO TRUSTEE	1.00	X						0.	0.	0.
TERRENCE P DUNN TRUSTEE	1.00	X						0.	0.	0.
CARLA C DURYEE TRUSTEE	1.00	X						0.	0.	0.
FREDERICK G FLYNN DO TRUSTEE	1.00	X						0.	0.	0.
T NELSON MANN SECRETARY & TRUSTEE	1.00	X		X				0.	0.	0.
DARWIN J STRICTLAND, DO VICE CHAIRMAN & TRUSTEE	1.00	X		X				0.	0.	0.
HOWARD D WEAVER, DO SEE SCHEDULE O	40.00	X		X				0.	0.	0.
KAREN L PLETZ SEE SCHEDULE O	40.00	X		X				1,329,613.	0.	36,563.
RICHARD K HOFFINE SEE SCHEDULE O	40.00			X				601,046.	0.	46,105.
DOUGLAS C DALZELL SEE SCHEDULE O	40.00			X				524,664.	0.	35,177.

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

(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			
MARY PAT WOHLFORD WESSELS EVP OF RESEARCH & INST. EFF.	40.00			X				276,275.	0.	39,910.
DARIN L HAUG DO EVP OF ACADEMIC & MED. AFFAIRS	40.00			X				544,885.	0.	61,228.
VERGIL J GUILLORY VP FOR RESEARCH	40.00			X				234,753.	0.	45,361.
LINDA FALK SEE SCHEDULE O	40.00			X				0.	0.	0.
SUSAN STANTON SEE SCHEDULE O	40.00			X				0.	0.	0.
FRED CORNWELL SEE SCHEDULE O	40.00			X				0.	0.	0.
DENISE K KAISER VP OF MARKETING & COMM.	40.00			X				160,059.	0.	25,068.
SHERYL L LUSTER VP FOR ADVANCEMENT	40.00			X				169,041.	0.	38,790.
LEANN K CARLTON VP OF STUDENT AFFAIRS	40.00			X				107,476.	0.	29,832.
STEPHEN J PHIPPS VP FOR ADMISSIONS	40.00			X				122,987.	0.	22,167.
JAMES E PARK VP FOR FINANCE & ADMIN	40.00			X				105,263.	0.	30,359.
BECKY G TALKEN CIO	40.00			X				137,742.	0.	35,635.
DAWN M ROHRS ASSISTANT VP FOR HR	40.00			X				120,046.	0.	31,563.
1b Total CONTINUED AT SCHEDULE J-2 ▶								5,892,849.	0.	726,321.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 39

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BARRY SEWARD KANSAS CITY, MO 64114	CONSULTING	123,960.
BRYAN CAVE LLP ST LOUIS, MO 63150	LEGAL	611,172.
NEVISU SERIG PALMER ARCH. OVERLAND PARK, KS 66210	CONSTRUCTION	399,951.
LATHROP & GAGE, L.C. KANSAS CITY, MO 64108	LEGAL	373,602.
BORDNER ROOFING, INC RAYTOWN, MO 64138	CONSTRUCTION	257,101.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 6

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	29,950.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	194,934.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	349,391.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f		574,275.			
			Business Code				
Program Service Revenue	2a	NET PATIENT REVENUE	621110	1,679,454.	1,679,454.		
	b	STUDENT FEES & REV	611600	44,784,263.	44,784,263.		
	c	STUDENT LOAN INTEREST	611600	65,608.	65,608.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		46,529,325.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,022,585.			1,022,585.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real / (ii) Personal				
	6a	Gross Rents	5,250.				
	b	Less: rental expenses	0.				
	c	Rental income or (loss)	5,250.				
	d	Net rental income or (loss)		5,250.			5,250.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	31,489,533. / 120,800.				
	b	Less: cost or other basis and sales expenses	29,708,697. / 145,194.				
	c	Gain or (loss)	1,780,836. / -24,394.				
	d	Net gain or (loss)		1,756,442.			1,756,442.
	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		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	**Business Code**				
	11a	CAFETERIA & VENDING	611710	117,753.	117,753.		
	b	MISC SCHOOL INCOME	611710	505,001.	505,001.		
	c	DRUG STUDY	900099	500,512.	500,512.		
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		1,123,266.			
	12	**Total Revenue.** See instructions		51,011,143.	47,652,591.	0.	2,784,277.

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	743,955.	743,955.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	679,330.	679,330.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,132,005.	1,141,150.	2,819,912.	170,943.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	93,779.	41,000.		52,779.
7 Other salaries and wages	15,269,428.	13,210,603.	997,491.	1,061,334.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,441,133.	1,147,344.	203,189.	90,600.
9 Other employee benefits	2,103,581.	1,742,348.	185,354.	175,879.
10 Payroll taxes	1,215,898.	921,443.	206,293.	88,162.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	4,618,627.		4,618,627.	
c Accounting	102,968.	76,196.	20,594.	6,178.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	215,196.		215,196.	
g Other	1,860,330.	1,357,957.	248,890.	253,483.
12 Advertising and promotion	446,253.	295,125.	9,625.	141,503.
13 Office expenses	1,098,055.	755,970.	118,642.	223,443.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,480,781.	1,183,335.	228,648.	68,798.
17 Travel	581,574.	360,239.	108,497.	112,838.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	358,938.		358,938.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,288,048.	1,969,692.	244,889.	73,467.
23 Insurance	611,901.	433,621.	173,858.	4,422.
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	1,982,173.	1,961,968.	17,571.	2,634.
b PUBLIC RELATIONS	127,547.	55,964.	358.	71,225.
c DUES & SUBSCRIPTIONS	847,413.	689,812.	136,728.	20,873.
d STUDENT FUNCTIONS	952,524.	464,516.	79,008.	409,000.
e MISCELLANEOUS	1,122,994.	753,850.	220,053.	149,091.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	44,374,431.	29,985,418.	11,212,361.	3,176,652.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		28,460,913.	2	26,617,516.
	3	Pledges and grants receivable, net		1,064,928.	3	679,531.
	4	Accounts receivable, net		224,092.	4	592,361.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		47,219.	8	42,089.
	9	Prepaid expenses and deferred charges		999,974.	9	1,008,111.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 62,695,973.			
	b	Less: accumulated depreciation	10b 23,157,334.	37,922,129.	10c	39,538,639.
	11	Investments - publicly traded securities		43,969,459.	11	48,397,798.
	12	Investments - other securities. See Part IV, line 11		11,544,405.	12	13,623,353.
	13	Investments - program-related. See Part IV, line 11		2,230,245.	13	2,319,050.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,501,613.	15	3,377,927.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		127,964,977.	16	136,196,375.
Liabilities	17	Accounts payable and accrued expenses		5,750,970.	17	5,919,503.
	18	Grants payable			18	
	19	Deferred revenue		2,062,950.	19	1,465,166.
	20	Tax-exempt bond liabilities		7,255,000.	20	7,055,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		3,668,677.	25	2,824,765.
	26	**Total liabilities.** Add lines 17 through 25		18,737,597.	26	17,264,434.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		100,739,454.	27	110,889,107.
	28	Temporarily restricted net assets		4,007,980.	28	3,382,045.
	29	Permanently restricted net assets		4,479,946.	29	4,660,789.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		109,227,380.	33	118,931,941.
	34	Total liabilities and net assets/fund balances		127,964,977.	34	136,196,375.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

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: (For lines 1 through 11, check only one box.)

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2008.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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 organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2009

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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 an organization 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

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 44,391.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 12,910.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 164,930.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 22,553.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 tax year ▶ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custo dian 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 XI V 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 XI V.

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	6,707,764.	5,646,082.			
b Contributions	144,616.	2,047,660.			
c Net investment earnings, gains, and losses	473,336.	-833,509.			
d Grants or scholarships					
e Other expenditures for facilities and programs	389,159.	138,226.			
f Administrative expenses	18,803.	14,243.			
g End of year balance	6,917,754.	6,707,764.			

2 Provide the estimated percentage of the y ear end balance held as:

- a Board designated or quasi-endowment ▶ 31.0000 %
- b Permanent endowment ▶ 69.0000 %
- c Term endowment ▶ 0.0000 %

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

	Yes	No
(i) unrelated organizations (3a(i))		X
(ii) related organizations (3a(ii))		X

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

4 Describe in Part XIV the intended uses of t he organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,024,317.		1,024,317.
b Buildings		44,129,109.	13,763,234.	30,365,875.
c Leasehold improvements				
d Equipment		9,406,004.	9,394,100.	11,904.
e Other		8,136,543.	0.	8,136,543.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				39,538,639.

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		
Closely-held equity interests		
Other HEDGE FUNDS	13,623,353.	FMV
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	13,623,353.	

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) must 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) must equal Form 990, Part X, col. (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
REFUNDABLE GOVT LOAN PROGRAMS	2,732,355.
CRAT PAYABLE	92,410.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,824,765.

2. FIN 48 Footnote. 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 Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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	Other losses	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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

ENDOWNMENT 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 106 SCHOLARSHIPS IN THE AGGREGATE AMOUNT OF $679,330 OUT OF ITS OPERATING REVENUE.

UNCERTAIN TAX POSITIONS DISCLOSURE

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2009

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?	**1**	X	
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?	**2**	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990) ATTACHMENT 3	**3**	X	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	**4a**	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	**4b**	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	**4c**	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	**4d**	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	**5a**		X
b	Admissions policies?	**5b**		X
c	Employment of faculty or administrative staff?	**5c**		X
d	Scholarships or other financial assistance?	**5d**		X
e	Educational policies?	**5e**		X
f	Use of facilities?	**5f**		X
g	Athletic programs?	**5g**		X
h	Other extracurricular activities?	**5h**		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
6a	Does the organization receive any financial aid or assistance from a governmental agency? ATCH 4	**6a**	X	
b	Has the organization's right to such aid ever been revoked or suspended?	**6b**		X
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O Form (990)	**7**	X	

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

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	
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	SEE PART IV	47,717.
Totals . . . . . ▶					47,717.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2009**

JSA
9E1274 2.000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

ACTIVITES PER REGION

SCHEDULE F, PART I, LINE 3

ACTIVITY #1:

(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 V, LINE 4B; ATTACHMENT 2; AND SCHEDULE D, PART VII.

ACTIVITY #2:

THE UNIVERSITY SUPPORTS AND PARTNERS WITH DOCARE INTERNATIONAL, A MEDICAL OUTREACH ORGANIZATION, TO PROVIDE HEALTHCARE TO INDIGENT AND ISOLATED PEOPLE IN REMOTE AREAS AROUND THE WORLD. IN DOING SO, THE UNIVERSITY PROVIDES FUNDING FOR FACULTY, STAFF, AND STUDENTS TO TRAVEL TO GUATEMALA, ONE OF DOCARE'S ESTABLISHED LOCATIONS. THE UNIVERSITY ALSO FUNDS NECESSARY MEDICAL SUPPLIES FOR THE PROVISION OF CARE. THE FACULTY, STAFF, AND STUDENTS PROVIDE HEALTHCARE AND EDUCATION TO THE IMPOVERISHED PEOPLE IN THIS AREA. IN ADDITION, OUR STUDENTS BENEFIT FROM THE CLINICAL EDUCATION THEY RECEIVE DURING THIS MISSION TRIP.

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

THE UNIVERSITY ALSO PROVIDES EDUCATIONAL OPPORTUNITIES FOR THE INSTRUCTION OF ITS MEDICAL STUDENTS BY THE CLINICAL FACULTY AND PHYSICIANS LICENSED IN THE DOMINICAN REPUBLIC, TO PROVIDE HEALTH SCREENING FOR PATIENTS RESIDING IN AND AROUND GUERRA, DOMINICAN REPUBLIC. THIS IS A COOPERATIVE EFFORT BETWEEN THE UNIVERSITY, THE MINISTRY OF HEALTH OF THE DOMINICAN REPUBLIC AND THE KANSAS CITY ROYALS BASEBALL ORGANIZATION.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number: 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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

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)	275,454.				GENERAL OPERATIONS
ART COUNCIL OF METRO 906 GRAND KC, MO 64105	43-1840674	501(C)(3)	15,000.				GENERAL OPERATIONS
BENEDICTINE COLLEGE 1020 N. 2ND ST ATCHINSON, KS 66002	48-0777079	501(C)(3)	20,000.				GENERAL OPERATIONS
GREATER KC CHAMBER OF COMMERCE 30 W PERSHING ROAD KC, MO 64105	44-0196840	501(C)(6)	42,000.				GENERAL OPERATIONS
KANSAS CITY AREA DEV COUNCIL 1055 BROADWAY KC, MO 64105	43-1852671	501(C)(6)	35,000.				GENERAL OPERATIONS
LYRIC OPERA 1215 W 57TH TERR KC, MO 64113	44-0626124	501(C)(3)	50,000.				GENERAL OPERATIONS
STARLIGHT THEATER 4600 STARLIGHT RD KC, MO 64130	44-0552079	501(C)(3)	52,500.				GENERAL OPERATIONS
UNITED WAY 1080 WASHINGTON KC, MO 64105	44-0545812	501(C)(3)	75,800.				GENERAL OPERATIONS
GREATER KC COMMUITY FOUNDATION 30 W PERSHING ROAD KC, MO 64108	43-1552398	501(C)(3)	6,000.				GENERAL OPERATIONS
SWOPE HEALTH FOUNDATION 3801 BLUE PARKWAY KC, MO 64103	43-1497518	501(C)(3)	10,000.				GENERAL OPERATIONS
NEWHOUSE P.O. BOX 240019 KC, MO 64124	43-0962293	501(C)(3)	15,000.				GENERAL OPERATIONS
JEWISH COMMUNITY 5801 W 115TH OVERLAND PARK, KS 66211	43-6049281	501(C)(3)	30,000.				GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 14

3 Enter total number of other organizations . . . . . ▶ 2

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 Part IV and 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	106	679,330.			

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 I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

Employer identification number 44-0545280

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CENTER FOR PRACTICAL 1111 MAIN STREET KC, MO 64105	48-0985815	501(C)(3)	25,000.				GENERAL OPERATIONS
AMERICAN HEART ASSOCATION P.O. BOX 4002902 DES MOINES, IA 50318	13-5613797	501(C)(3)	10,000.				GENERAL OPERATIONS
BOY & GIRLS CLUB 6301 ROCKHILL RD KC, MO 64131	43-6072065	501(C)(3)	10,000.				GENERAL OPERATIONS
TMC CHARITABEL FOUNDATION 2310 HOLMES KC, MO 64108	43-1194064	501(C)(3)	25,000.				GENERAL OPERATIONS

Part II **Continuation of Grants and Other Assistance to Individuals in the United States** (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of va luation (book, FMV, appraisal, other)	(f) Description o f non-cash assistance

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No. 1545-0047

2009

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

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	[X] First-class or charter travel	[ ] Housing allowance or residence for personal use		
	[X] Travel for companions	[ ] Payments for business use of personal residence		
	[ ] Tax indemnification and gross-up payments	[X] Health or social club dues or initiation fees		
	[ ] Discretionary spending account	[ ] Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	X	
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.			
	[X] Compensation committee	[X] Written employment contract		
	[X] Independent compensation consultant	[X] Compensation survey or study		
	[ ] Form 990 of other organizations	[X] Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD K HOFFINE	(i)	362,047.	198,065.	40,934.	24,500.	21,605.	647,151.	0.
	(ii)	0.	0.	0.	0.		0.	0.
DOUGLAS C DALZELL	(i)	279,103.	168,141.	77,420.	24,500.	10,677.	559,841.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY PAT WOHLFORD WESSELS	(i)	221,742.	44,524.	10,009.	28,910.	11,000.	316,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DARIN L HAUG DO	(i)	330,038.	197,759.	17,088.	37,340.	23,888.	606,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
G MICHAEL JOHNSTON	(i)	221,729.	0.	3,173.	22,455.	24,116.	271,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH M YASSO JR	(i)	212,399.	0.	2,534.	21,424.	23,871.	260,228.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN DOUGHERTY	(i)	302,340.	0.	1,667.	11,827.	23,805.	339,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NEHAD EL-SAWI	(i)	212,602.	0.	6,008.	21,362.	10,112.	250,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KAREN L PLETZ	(i)	550,645.	684,127.	94,841.	24,500.	12,063.	1,366,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VERGIL J GUILLORY	(i)	233,949.	0.	804.	23,395.	21,966.	280,114.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DENISE K KAISER	(i)	160,059.	0.	0.	15,852.	9,216.	185,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHERYL L LUSTER	(i)	169,041.	0.	0.	16,412.	22,378.	207,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BECKY G TALKEN	(i)	137,302.	0.	440.	13,540.	22,095.	173,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAWN M ROHRS	(i)	120,046.	0.	0.	12,005.	19,558.	151,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN D TREFFER	(i)	201,194.	0.	617.	19,470.	23,313.	244,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 REIMBURSEMENT

SCHEDULE 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 AND THE HEALTH OR SOCIAL CLUB DUES WERE INCLUDED AS TAXABLE COMPENSATION ON HER W-2.

DOUGLAS C. DALZELL, RICHARD K. HOFFINE, 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 EXPENSES

SCHEDULE 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	$56,768
RICHARD K. HOFFINE	$51,232
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.**

▶ **See the Instructions for Form 990.**

OMB No. 1545-0047

2009

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-MSC)	(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			
VICKIE S KEENEY CONTROLLER	40.00			X				94,349.	0.	18,656.
CONNIE J BOYD CORPORATE BOARD SECRETARY	40.00			X				109,932.	0.	10,244.
BRIAN T REESE ASST CORP BOARD SECRETARY	40.00			X				90,455.	0.	17,908.
G MICHAEL JOHNSTON PROFESSOR DEPARTMENT CHAIR	40.00					X		224,902.	0.	46,571.
JOSEPH M YASSO JR ASSOCIATE PROFESSOR/CHAIR	40.00					X		214,933.	0.	45,295.
JOHN DOUGHERTY PROFESSOR/DEPT CHAIR FAMILY	40.00					X		304,007.	0.	35,632.
NEHAD EL-SAWI PRES. KCUMB MEDICAL EDUCATION	40.00					X		218,610.	0.	31,474.
KEVIN D TREFFER ASSOCIATE PROFESSOR	40.00					X		201,811.	0.	42,783.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule J-2 (Form 990) 2009**

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

Employer identification number 44-0545280

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public Inspection

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Employer identification number: 44-0545280

ATTACHMENT 1

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

KCUMB IS A COMMUNITY OF PROFESSIONALS COMMITTED TO EXCELLENCE IN THE EDUCATION OF HIGHLY QUALIFIED STUDENTS IN OSTEOPATHIC MEDICINE, THE BIOSCIENCES, BIOETHICS AND HEALTH PROFESSIONS. THROUGH LIFE-LONG LEARNING, RESEARCH AND SERVICE, KCUMB CHALLENGES FACULTY, STAFF, STUDENTS AND ALUMNI TO IMPROVE THE WELL BEING OF THE DIVERSE COMMUNITY IT SERVES.

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.

DOUGLAS C. DALZELL AND STEPHEN PHIPPS HAD A BUSINESS RELATIONSHIP.

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. THE ORGANIZATION IS TREATING THE EXCESS BENEFIT TRANSACTIONS REPORTED IN SCHEDULE L AS A MATERIAL DIVERSION. AS DISCLOSED ON SCHEDULE

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ATTACHMENT 1 (CONT'D)

L, THE ORGANIZATION HAS FILED A LAWSUIT AGAINST THE CEO TO RECOVER THE DIVERTED ASSETS.

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

SUMMARY OF SIGNIFICANT CHANGES TO THE ARTICLES OF INCORPORATION. THE BOARD AMENDED AND RESTATED ITS ARTICLES OF INCORPORATION ON MAY 6, 2010 TO UPDATE THEM WITH CURRENT BEST PRACTICES AND ORGANIZATIONAL LANGUAGE. IN ADDITION, THE UNIVERSITY'S ARTICLES OF INCORPORATION NOW PROVIDE FOR A RANGE IN THE PERMISSIBLE NUMBER OF TRUSTEES ON THE BOARD TO ALLOW FLEXIBILITY FOR ITS MEMBERSHIP AND PROVIDE FOR INDEMNIFICATION OF THE UNIVERSITY'S OFFICERS AND TRUSTEES.

SIGNIFICANT CHANGES TO THE BYLAWS. THE BOARD AMENDED THE BYLAWS TWO TIMES DURING FYE 6/30/10, AS SUMMARIZED BELOW.

SUMMARY OF SIGNIFICANT APRIL 20, 2010 AMENDMENTS

- BOARD MEETINGS WILL BE HELD THREE TIMES EACH YEAR. THE FREQUENCY OF BOARD MEETINGS WAS PREVIOUSLY UNSPECIFIED.
- THE COMMITTEE STRUCTURE SET FORTH IN THE BYLAWS WAS REVISED TO BE CONSISTENT WITH THE NEW COMMITTEE STRUCTURE ADOPTED BY THE BOARD. IN ADDITION, THE RESPONSIBILITIES OF EACH OF THE COMMITTEES WERE REVISED TO CONFORM TO THE NEW COMMITTEE STRUCTURE.
- THE AUDIT COMMITTEE WAS ESTABLISHED AS AN INDEPENDENT COMMITTEE FROM THE FINANCE AND INVESTMENT COMMITTEE. THE INVESTMENT COMMITTEE, WHICH WAS FORMERLY A SUBCOMMITTEE OF THE FINANCE COMMITTEE, WAS ELIMINATED, AND INVESTMENT RESPONSIBILITIES WERE ASSUMED BY THE RENAMED FINANCE

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ATTACHMENT 1 (CONT'D)

AND INVESTMENT COMMITTEE.

- THE NOMINATING COMMITTEE WAS RENAMED THE GOVERNANCE AND NOMINATING COMMITTEE AND THE BYLAWS WERE REVISED TO ADD GOVERNANCE RESPONSIBILITIES TO THIS COMMITTEE'S DUTIES AND RESPONSIBILITIES.
- TO INCREASE FINANCIAL OVERSIGHT, THE BYLAWS WERE AMENDED TO REQUIRE THE CHAIRMAN OF THE BOARD TO APPROVE THE PRESIDENT'S EXPENSES IN EXCESS OF $10,000, AND TO REQUIRE THE PRESIDENT TO APPROVE AN EXECUTIVE VICE PRESIDENT'S EXPENSES IN EXCESS OF $10,000 AND REPORT THE EXPENSES TO THE CHAIRMAN OF THE BOARD. THE CHAIRMAN OF THE BOARD MUST PERFORM A MONTHLY REVIEW OF ALL EXPENSES OF THE PRESIDENT AND THE EXECUTIVE VICE PRESIDENTS.

SUMMARY OF SIGNIFICANT JUNE 23, 2010 AMENDMENTS

THE JUNE 23, 2010 SIGNIFICANT CHANGES TO THE BYLAWS WERE CLARIFYING AMENDMENTS, AS FOLLOWS:

- SPECIFIED THAT THE PRESIDENT IS AUTHORIZED TO ENGAGE OUTSIDE ADVISORS
- CLARIFIED THAT THE PRESIDENT AND VICE PRESIDENT EXPENSES SUBJECT TO PRE-APPROVAL ARE OUT-OF-POCKET EXPENSES

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11A

IT IS THE POLICY OF THE ORGANIZATION TO HAVE ITS AUDIT COMMITTEE CONDUCT A REVIEW OF THE FORM 990 DURING ITS PREPARATION BY AN OUTSIDE ACCOUNTANT WITH THE ASSISTANCE OF THE ORGANIZATION'S GENERAL COUNSEL, OFFICERS AND STAFF. THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL THE MEMBERS OF THE ORGANIZATION'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

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ATTACHMENT 1 (CONT'D)

COMMITTEE AND THE BOARD BEFORE IT WAS FILED WITH THE IRS AND A FINAL COPY WAS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

MONITORING OF CONFLICT OF INTEREST POLICY

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

THE ORGANIZATION SENDS OUT A QUESTIONNAIRE TO TRUSTEES AND OFFICERS ON AN ANNUAL BASIS TO IDENTIFY POTENTIAL CONFLICTS. THE AUDIT COMMITTEE IS CHARGED WITH THE RESPONSIBILITY TO ENSURE THAT THE QUESTIONNAIRES ARE DISTRIBUTED, REVIEWED AND MONITORED. THE AUDIT COMMITTEE ALSO WILL ENSURE THAT THE ORGANIZATION COMPLIES WITH IT'S CONFLICTS OF INTEREST POLICY.

COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE ORGANIZATION COMPLIED WITH THE REBUTTABLE PRESUMPTION BECAUSE: (1) THERE WAS AN INDEPENDENT COMMITTEE REVIEW OF COMPENSATION; (2) COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT WAS OBTAINED AND REVIEWED BY THE COMMITTEE; AND (3) THE COMPENSATION DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MINUTES. HOWEVER, THE ORGANIZATION SUBSEQUENTLY DISCOVERED THAT THE DATA MAY NOT HAVE BEEN BASED ON PROPER COMPARABLE ORGANIZATIONS DUE TO MISREPRESENTATIONS FROM THE CEO TO THE COMPENSATION CONSULTANT. FURTHER, WHILE AN INDEPENDENT COMMITTEE REVIEWED COMPENSATION, THE CEO PAID HERSELF ADDITIONAL COMPENSATION, STIPENDS AND EXPENSE REIMBURSEMENTS WITHOUT THE KNOWLEDGE OR APPROVAL OF THE BOARD OR COMMITTEE. ALL OF THIS IS MORE FULLY DESCRIBED IN SCHEDULE L.

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ATTACHMENT 1 (CONT'D)

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 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.

DIRECTOR AND OFFICER ADDITIONAL INFORMATION

FORM 990, PART VII, COLUMN A

KAREN L PLETZ

PRESIDENT & TRUSTEE

TERM ENDED 12/18/2009

RICHARD K HOFFINE

EXECUTIVE VICE PRESIDENT

TERM ENDED 12/31/2009

DOUGLAS C DALZELL

EXECUTIVE VICE PRESIDENT

TERM ENDED 12/31/2009

KESTER J NEDD DO

TRUSTEE

TERM ENDED 04/2010

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ATTACHMENT 1 (CONT'D)

ROSHANN S PARRIS

TRUSTEE

TERM ENDED 04/2010

LINDA FALK

CFO

HIRE DATE 2/15/2010

TERM ENDED 6/18/2010

SUSAN STANTON

EXECUTIVE ADMINISTRATIVE OFFICER

HIRE DATE 2/15/2010

TERM ENDED 6/18/2010

FRED CORNWELL

INTERIUM CONTRACTED CFO

CONTRACTED START DATE 6/18/2010

HOWARD D WEAVER DO

PRESIDENT & TRUSTEE

HIRE DATE 12/18/2009

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ATTACHMENT 1 (CONT'D)

EXCESS BENEFIT TRANSACTIONS

SCHEDULE L, PART I, LINE 1

A. KAREN PLETZ

1. FALSE EXPENSE REPORTS.

(A) AS REPORTED IN THE FORM 990 FOR FYE 6/30/09, 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") ON OCTOBER 20, 2009, 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 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.

IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION INDICATED THAT THE INVESTIGATION WAS ONGOING BUT THAT AS OF MAY 1, 2010, IT HAD UNCOVERED THE FOLLOWING KNOWN FALSE EXPENSES:

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ATTACHMENT 1 (CONT'D)

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 INFORMATION SUBMITTED BY THE CEO TO JUSTIFY THESE CHARGES WERE 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 FALSE DOCUMENTS TO JUSTIFY THE EXPENSES AND/OR OBTAIN REIMBURSEMENT FROM THE ORGANIZATION UNDER FALSE PRETENSES.

(B) ADDITIONAL INVESTIGATION. DUE TO THE DISCOVERY OF FALSE EXPENSE REPORTS IN THE SAMPLING INVESTIGATED BY THE SPECIAL COMMITTEE, THE INVESTIGATION EXPANDED TO INCLUDE OTHER EXPENSE REPORTS. IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION REPORTED THAT, TO THE EXTENT ADDITIONAL FALSE EXPENSE REPORTS WERE FOUND, THEY WOULD BE DISCLOSED AS

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ATTACHMENT 1 (CONT'D)

ADDITIONAL EXCESS BENEFIT TRANSACTIONS ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THAT FYE 6/30/09 FORM 990.

THE ADDITIONAL INVESTIGATION OF THE CEO BY THE SPECIAL COMMITTEE REVEALED THAT A HIGH PERCENTAGE OF THE CHARGES SUBMITTED BY THE CEO AS BUSINESS EXPENSES WERE EITHER WHOLLY FRAUDULENT OR NOT FOR A BUSINESS PURPOSE. GIVEN THIS HIGH PERCENTAGE OF EXPENSE REPORTS THAT CONTAINED FALSE INFORMATION, THE ORGANIZATION HAS TAKEN THE POSITION IN ITS LAWSUIT FILED AGAINST THE CEO, KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES V. KAREN L. PLETZ FILED IN THE CIRCUIT COURT OF JACKSON COUNTY MISSOURI ON MARCH 22, 2010 ("LAWSUIT"), THAT THE CEO MAY HAVE COLLECTED AS MUCH AS $1,276,049 FROM THE ORGANIZATION THROUGH FALSE EXPENSE REPORTS FOR THE PERIOD FROM JULY 1, 2001 TO NOVEMBER 30, 2009 RELATING TO FALSE TRAVEL AND ENTERTAINMENT EXPENSES, WITH AN ADDITIONAL $872,652 OF FALSE TRAVEL AND ENTERTAINMENT EXPENSES CHARGED TO THE ORGANIZATION CORPORATE CREDIT CARDS BY THE CEO DURING THAT PERIOD. THESE AMOUNTS EQUAL THE TOTAL AMOUNT OF EXPENSE REPORT REIMBURSEMENTS AND CEO EXPENDITURES USING THE CORPORATE CREDIT CARDS SUBMITTED DURING THE TIME FRAME OF JULY 1, 2001 THROUGH NOVEMBER 30, 2009 AS DETAILED BELOW. THESE AMOUNTS DO NOT INCLUDE THE REIMBURSEMENTS AND CREDIT CARD CHARGES ATTRIBUTABLE TO CHARITABLE CONTRIBUTIONS.

TOTAL EXCESS BENEFITS FOR CEO

6/30/10

FISCAL YEAR	EXPENSES	CORPORATE CREDIT CARD	TOTAL

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ATTACHMENT 1 (CONT'D)

2002	82,140	89,852	171,992
2003	87,754	54,479	142,233
2004	120,835	83,096	215,931
2005	141,397	137,953	279,350
2006	155,459	88,724	254,183
2007	240,748	172,466	403,214
2008	218,921	100,377	319,298
2009	169,133	115,975	285,108
2010	59,662	34,730	94,392
TOTAL	1,276,049	872,652	2,165,701

THE EXACT AMOUNT OF FALSE EXPENSES ARE UNKNOWN AT THIS TIME. IF ADDITIONAL INFORMATION BECOMES AVAILABLE ON THE EXACT AMOUNT OF FALSE EXPENSES DETERMINED IN THE LAWSUIT OR THROUGH FURTHER INVESTIGATION, IT WILL BE DISCLOSED IN A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FYE 6/30/10 FORM 990 FILING.

FURTHER, IN PARAGRAPH 14 OF THE INDICTMENT FILED AGAINST THE CEO IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MISSOURI ON MARCH 30, 2011 ("INDICTMENT"), IT STATED THAT "AN AUDIT CONDUCTED BY THE TAX EXEMPT GOVERNMENT ENTITIES DIVISION (TEGE) DETERMINED THAT FOR THE YEARS 2006 THROUGH 2008, THE CEO RECEIVED UNREPORTED INCOME FROM DISALLOWED TRAVEL AND ENTERTAINMENT CLAIMS TOTALING $1,074,917, LEADING TO A TAX LOSS TO THE UNITED STATES OF AT LEAST $280,000." THE IRS DID NOT PROVIDE THE ORGANIZATION WITH THE DETAIL TO ARRIVE AT THIS $1,074,917

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ATTACHMENT 1 (CONT'D)

AMOUNT SO IT IS UNABLE TO REPORT WHICH TRAVEL AND ENTERTAINMENT EXPENSES HAVE ALREADY BEEN DISALLOWED BY THE IRS AS REFERENCED IN THE INDICTMENT.

2. COMPENSATION. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990 THAT IN ADDITION TO THE FALSE EXPENSE REPORTS, THE CEO RECEIVED UNAUTHORIZED AND EXCESSIVE COMPENSATION.

(A) UNAUTHORIZED STIPENDS. IN THE FYE 6/30/09 FORM 990, THE SPECIAL COMMITTEE 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

EXCESS BENEFIT TRANSACTIONS CONTINUED

SCHEDULE L, PART I, LINE 1

THE UNAUTHORIZED COMPENSATION PAYMENTS FOR FYE 6/30/06 TO 6/30/09 WERE DISCLOSED AS EXCESS BENEFIT TRANSACTIONS IN THE FYE 6/30/09 FORM 990. 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

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ATTACHMENT 1 (CONT'D)

DISCLOSED TO NOR APPROVED BY THE BOARD.

IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION INDICATED THAT IT WOULD CONTINUE TO INVESTIGATE YEARS PRIOR TO FYE 6/30/06 TO DETERMINE WHETHER UNAUTHORIZED STIPENDS WERE PAID IN THOSE YEARS. IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION STATED THAT IT WAS 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
TOTAL	$694,000

THE ORGANIZATION HAS NOW CONCLUDED THAT THE STIPENDS FOR FYE 6/30/02 TO 6/30/05 FOR A TOTAL OF $694,000 WERE UNAUTHORIZED. IN ADDITION, AN UNAUTHORIZED STIPEND OF $42,000 WAS PAID IN FYE 6/30/00. THUS, THE AMOUNT OF UNAUTHORIZED STIPENDS FOR YEARS FROM FYE 6/30/00 TO 6/30/09 THAT CONSTITUTE EXCESS BENEFIT TRANSACTIONS TOTALS $1,516,000.

THERE ALSO WERE UNAUTHORIZED STIPENDS PAID IN THE CURRENT FYE 6/30/10. THESE STIPEND AMOUNTS THAT CONSTITUTE EXCESS BENEFIT TRANSACTIONS EQUAL $130,000.

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ATTACHMENT 1 (CONT'D)

(B) EXCESSIVE COMPENSATION DUE TO COMPARISON WITH POTENTIALLY NON-COMPARABLE ORGANIZATIONS. IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION REPORTED THAT IT FOLLOWED THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" IN SETTING COMPENSATION FOR ITS CEO FOR FYE 6/30/09. 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 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. IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION REPORTED THAT WHILE THE INVESTIGATION WAS STILL ONGOING, THE ORGANIZATION BELIEVED 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 WAS 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. IN THE FYE 6/30/09 FORM

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ATTACHMENT 1 (CONT'D)

990, THE ORGANIZATION ALSO INDICATED THAT TO THE EXTENT THE ORGANIZATION DETERMINED THAT EXCESS COMPENSATION WAS PAID, THE EXCESS AMOUNT WOULD BE DISCLOSED IN A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FORM 990. THIS INVESTIGATION HAS CONTINUED AFTER THE FILING OF FYE 6/30/09 FORM 990 AND IT IS BELIEVED THAT EXCESSIVE COMPENSATION MAY HAVE BEEN PAID TO THE CEO IN ONE OR MORE YEARS RELATING TO THESE MISREPRESENTATIONS, BUT THE AMOUNT OF EXCESSIVE COMPENSATION STILL HAS NOT BEEN DETERMINED. THEREFORE, THERE IS NO ADDITIONAL INFORMATION TO BE REPORTED AS OF THE DATE OF THE FILING OF THIS FYE 6/30/10 FORM 990. IT IS ONE OF MANY ALLEGATIONS CONTAINED IN THE LAWSUIT AND TO THE EXTENT ADDITIONAL INFORMATION BECOMES AVAILABLE, IT WOULD BE DISCLOSED IN A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FYE 6/30/10 FORM 990.

(C) INFLATED INCENTIVE PLAN BONUSES. IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION REPORTED THAT FROM 2000 THROUGH 2009, THE CEO AND OTHER EXECUTIVES WERE ELIGIBLE TO RECEIVE BONUSES UNDER A PERFORMANCE-BASED INCENTIVE COMPENSATION PLAN. IT WAS ALSO REPORTED IN THE FYE 6/30/09 FORM 990 THAT IN 2006 AND 2007, THE CEO MANIPULATED AND FALSIFIED PERFORMANCE RESULTS IN ORDER TO INCREASE HER INCENTIVE COMPENSATION UNDER THE PLAN. THERE IS NO ADDITIONAL INFORMATION TO BE REPORTED AS OF THE FILING DATE OF THIS FYE 6/30/10 FORM 990. THE INVESTIGATION IS STILL ONGOING AND THIS ALLEGATION IS CONTAINED IN THE LAWSUIT. IF THE EXACT AMOUNT OF ANY EXCESS COMPENSATION IS DETERMINED RELATING TO THE INFLATED INCENTIVE PLAN BONUSES, IT WILL BE DISCLOSED IN A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FYE 6/30/10 FORM 990.

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ATTACHMENT 1 (CONT'D)

(D) CHARITABLE CONTRIBUTIONS. IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION REPORTED THAT THE CEO DIRECTED HUNDREDS OF THOUSANDS OF DOLLARS OF ORGANIZATION'S ASSETS BE DONATED, OFTEN IN HER PERSONAL NAME OR TO PAY HER PERSONAL PLEDGES, TO OTHER NONPROFIT CORPORATIONS.

IN THE FYE 6/30/09 FORM 990, THE ORGANIZATION REPORTED THAT 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 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.

IT ALSO WAS REPORTED IN THE FYE 6/30/09 FORM 990 THAT 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

ATTACHMENT 1 (CONT'D)

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.

IN THE FYE 6/30/09 FORM 990, 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, WERE DISCLOSED AS EXCESS BENEFIT TRANSACTIONS. THE ORGANIZATION ALSO INDICATED IN THE FYE 6/30/09 FORM 990 THAT THE SPECIAL INVESTIGATION WAS ONGOING AND, TO THE EXTENT THAT ADDITIONAL CHARITABLE CONTRIBUTIONS WERE DISCOVERED THAT CONSTITUTE EXCESS BENEFIT TRANSACTIONS, THEY WOULD BE DISCLOSED ON FUTURE FORM 990 OR THROUGH AN AMENDMENT TO FYE 6/30/09 FORM 990. THE INVESTIGATION CONTINUES THROUGH THE LAWSUIT PROCEEDINGS. THE FOLLOWING ADDITIONAL INFORMATION WAS DISCOVERED AFTER THE FYE 6/30/09 FORM 990 FILING.

EXCESS BENEFIT TRANSACTIONS CONTINUED

SCHEDULE L, PART I, LINE 1

THE ADDITIONAL INFORMATION IS FROM THE UNITED STATES GOVERNMENT'S INVESTIGATION OF THE CEO'S FALSE CHARITABLE CONTRIBUTIONS. THE INDICTMENT OF THE CEO STATED: "IT WAS FURTHER OF THE SCHEME AND ARTIFICE THAT PLETZ SIGNED AND FILED MATERIALLY FALSE FORMS 1040 FOR TAX YEARS

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ATTACHMENT 1 (CONT'D)

2003 THROUGH 2006. THESE PERSONAL RETURNS FALSELY CLAIMED ITEMIZED DEDUCTIONS FOR CHARITABLE CONTRIBUTIONS ON LINE 15 OF SCHEDULE A. PLETZ HAD PROVIDED HER TAX PREPARER WITH A HANDWRITTEN LIST OF CHARITABLE DEDUCTIONS SHE INTENDED TO CLAIM AS PERSONAL DEDUCTIONS. AS PLETZ WELL KNEW, KCUMB, NOT SHE, MADE THE CONTRIBUTIONS EITHER BY KCUMB CHECK OR KCUMB CREDIT CARD TO ORGANIZATIONS INCLUDING UNITED WAY, LYRIC OPERA, DERON CHERRY FOUNDATION, TRUMAN MEDICAL CENTER, BOYS & GIRLS CLUBS, AND BENEDICTINE COLLEGE. THE FALSE PORTIONS OF PLETZ'S CHARITABLE DEDUCTIONS WERE AS FOLLOWS:

2003: $ 81,250

2004: $116,680

2005: $160,445

2006: $207,253

AFTER THE INTERNAL REVENUE SERVICE ("IRS") AUDITED PLETZ'S PERSONAL TAX RETURNS FOR TAX YEARS 2005 AND 2006, SHE FILED AMENDED RETURNS FOR THOSE YEARS, DRASTICALLY REDUCING HER CHARITABLE CONTRIBUTIONS. FOR 2005, SHE REDUCED THEM FROM $183,546 TO $46,097; AND FOR 2006, FROM $243,503 TO $44,073." (INDICTMENT AT PARAGRAPH 15).

THE FALSE CHARITABLE DONATIONS TOTAL $565,628 FOR THESE YEARS. NOTE THAT THE CONTRIBUTIONS LISTED IN THE INDICTMENT INCLUDE CONTRIBUTIONS ONLY FOR CALENDAR YEARS 2003-2006. THE ORGANIZATION REPORTED IN ITS FYE 6/30/09 FORM 990 LISTED ABOVE THAT IT ALSO EITHER REIMBURSED THE CEO OR PAID HER

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ATTACHMENT 1 (CONT'D)

PERSONAL PLEDGES FOR CHARITABLE CONTRIBUTIONS MADE IN YEARS AFTER 2006 IN ADDITION TO THE YEARS REPORTED IN THE INDICTMENT. BY COMBINING THE $565,628 OF CONTRIBUTIONS FOR 2003-2006 LISTED IN THE INDICTMENT WITH THE FALSE CHARITABLE CONTRIBUTIONS FOR 2007-2009 THAT REPRESENT EITHER REIMBURSED AMOUNTS TO THE CEO OR PAYMENT OF HER PERSONAL PLEDGES LISTED ABOVE, THE TOTAL FALSE CHARITABLE CONTRIBUTIONS TOTAL AT LEAST $766,428 FOR THE PERIOD FROM 2003-2009 ($565,628, REPORTED IN THE INDICTMENT, PLUS $200,800 FOR THE 2007-2009 - TOCQUEVILLE SOCIETY DONATIONS REPORTED ABOVE IN THE FYE 6/30/09 FORM 990). THE ORGANIZATION DOES NOT HAVE THE DETAIL FROM THE INDICTMENT TO DETERMINE IF THE DONATIONS REPORTED IN THE INDICTMENT OVERLAP WITH THE FALSE CHARITABLE CONTRIBUTION INFORMATION FOR 2003-2006 REPORTED IN THE FYE 6/30/09 FORM 990 LISTED ABOVE. IF AN EXACT EXCESS BENEFIT TRANSACTIONS AMOUNT ATTRIBUTABLE TO FALSE CHARITABLE CONTRIBUTIONS AND REIMBURSEMENTS IS DETERMINED, IT WILL BE DISCLOSED IN A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FYE 6/30/10 FORM 990.

3. ORGANIZATION MANAGERS.

(A) FALSE EXPENSE REPORTS. AS REPORTED IN THE FYE 6/30/09 FORM 990, THE CEO'S OWN MISCONDUCT AND LACK OF SUPERVISION ENCOURAGED DOUGLAS DALZELL ("EXECUTIVE DEAN") AND RICHARD HOFFINE ("COO"), 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 COO CAUSED A

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ATTACHMENT 1 (CONT'D)

SITUATION IN WHICH, WHILE THE EXECUTIVE DEAN AND THE COO WERE AWARE OF THESE EXPENDITURES, THEY DID NOTHING TO BRING THESE ISSUES TO THE ATTENTION OF THE BOARD. THE ORGANIZATION ALSO INDICATED ON THE FYE 6/30/09 FORM 990 THAT THE INVESTIGATION IS STILL ONGOING, AND TO THE EXTENT THE ORGANIZATION DETERMINES THAT THE COO 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. THIS INVESTIGATION CONTINUES AND THERE IS NO ADDITIONAL INFORMATION TO BE REPORTED ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

AS REPORTED ON THE FYE 6/30/09 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. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

(B) UNAUTHORIZED STIPENDS. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990 THAT 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

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ATTACHMENT 1 (CONT'D)

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 OCCURRED. THE CEO TOOK THE STIPENDS KNOWING THAT THIS ADDITIONAL COMPENSATION WAS NEVER DISCLOSED TO NOR APPROVED BY THE BOARD. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

(C) EXCESSIVE COMPENSATION. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990 THAT 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. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

(D) INFLATED INCENTIVE PLAN BONUSES. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990 THAT THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO) THAT KNOWINGLY PARTICIPATED IN THE INFLATED

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ATTACHMENT 1 (CONT'D)

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. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

(E) CHARITABLE CONTRIBUTIONS. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990 THAT THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO) WHO 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. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

4. CORRECTION. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990 THAT THE CEO HAS NOT CORRECTED ANY OF THE REPORTED EXCESS BENEFIT TRANSACTIONS. THE ORGANIZATION, BASED ON AUTHORIZATION FROM THE BOARD OF DIRECTORS, 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. THERE STILL HAS BEEN NO CORRECTION OF THE EXCESS BENEFIT FOR FYE 6/30/09 AND PRIOR PERIODS AND NO CORRECTION OF THE EXCESS BENEFIT TRANSACTIONS REPORTED IN THIS CURRENT FYE 6/30/10 FORM 990.

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ATTACHMENT 1 (CONT'D)

TOTAL EXCESS BENEFITS FOR CEO 6/30/09 AND PRIOR PERIODS

EXPENSE REPORTS	UNKNOWN
UNAUTHORIZED STIPENDS	1,516,000
EXCESSIVE COMPENSATION	UNKNOWN
INFLATED INCENTIVE BONUSES	UNKNOWN
CHARITABLE CONTRIBUTIONS	UNKNOWN
TOTAL	UNKNOWN

TOTAL EXCESS BENEFITS FOR CEO 6/30/10

EXPENSE REPORTS	UNKNOWN
UNAUTHORIZED STIPENDS	130,000
EXCESSIVE COMPENSATION	UNKNOWN
INFLATED INCENTIVE BONUSES	UNKNOWN
CHARITABLE CONTRIBUTIONS	0
TOTAL	UNKNOWN

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.

EXCESS BENEFIT TRANSACTIONS CONTINUED

SCHEDULE L, PART I, LINE 1

B. HOFFINE & DALZELL

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ATTACHMENT 1 (CONT'D)

1. EXCESSIVE COMPENSATION DUE TO COMPARISON WITH POTENTIALLY NON-COMPARABLE ORGANIZATIONS. AS REPORTED ON THE FYE 6/30/09 FORM 990, 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 ("COO") 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 COO 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. AS REPORTED ON THE FYE 6/30/09 FORM 990, 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 COO AND EXECUTIVE DEAN COMPENSATION RANGES AND IN RENDERING ITS DETERMINATION THAT THE COMPENSATION PAID TO THE COO AND EXECUTIVE DEAN WAS REASONABLE. THE RESULT IS THAT THE ORGANIZATION LIKELY PAID EXCESSIVE COMPENSATION TO THE COO AND EXECUTIVE DEAN IN ONE OR MORE YEARS. IT WAS REPORTED IN THE FYE

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ATTACHMENT 1 (CONT'D)

6/30/09 FORM 990, THAT THE ORGANIZATION HIRED A SEPARATE AND INDEPENDENT COMPENSATION CONSULTANT TO DETERMINE THE PROPER LEVEL OF COMPENSATION AND THAT 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. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING. ANY ADDITIONAL INFORMATION THAT BECOMES AVAILABLE WILL BE PROVIDED IN FUTURE FORM 990S OR THROUGH AN AMENDMENT TO THIS FYE 6/30/10 FORM 990.

2. INFLATED INCENTIVE PLAN BONUSES. AS REPORTED ON THE FYE 6/30/09 FORM 990, FROM 2000 THROUGH 2009, THE COO 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 COO AND EXECUTIVE DEAN UNDER THE PLAN WERE ALSO INCREASED. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990, THAT THE SPECIAL INVESTIGATION WAS 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. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

3. USE OF ORGANIZATION PROPERTY, SUPPLIES AND TIME TO RUN FOR-PROFIT

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ATTACHMENT 1 (CONT'D)

BUSINESSES. AS REPORTED ON THE FYE 6/30/09 FORM 990, 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 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 FYE 6/30/10 FORM 990. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

4. ORGANIZATION MANAGERS.

(A) EXCESSIVE COMPENSATION. AS REPORTED ON THE FYE 6/30/09 FORM 990, 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

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ATTACHMENT 1 (CONT'D)

COMPENSATION REPORTS AND THE INFLATED SALARIES THAT RESULTED FROM IT. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

(B) INFLATED INCENTIVE PLAN BONUSES. AS REPORTED ON THE FYE 6/30/09 FORM 990, 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 COO'S AND EXECUTIVE DEAN'S INCENTIVE COMPENSATION UNDER THE PLAN. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

(C) USE OF ORGANIZATION PROPERTY, TIME AND SUPPLIES TO RUN FOR-PROFIT BUSINESSES. AS REPORTED ON THE FYE 6/30/09 FORM 990, THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO, COO AND EXECUTIVE DEAN) WHO KNOWINGLY PARTICIPATED IN THIS ACTIVITY. THE BOARD AND ITS COMMITTEES WERE NOT AWARE OF NOR DID THEY APPROVE SUCH ACTIVITIES. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

EXCESS BENEFIT TRANSACTIONS CONTINUED

SCHEDULE L, PART I, LINE 1

5. CORRECTION. AS REPORTED ON THE FYE 6/30/09 FORM 990, THE SPECIAL COMMITTEE HAS NOT YET DETERMINED THE EXTENT OR AMOUNT, IF ANY, OF ANY EXCESS BENEFIT TRANSACTION INVOLVING THE COO AND EXECUTIVE DEAN. BECAUSE

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ATTACHMENT 1 (CONT'D)

NO AMOUNT, IF ANY, HAS BEEN DETERMINED, THERE HAS BEEN NO ATTEMPT TO CORRECT. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

C. OTHER EXECUTIVES.

1. EXCESSIVE COMPENSATION DUE TO COMPARISON WITH POTENTIALLY NON-COMPARABLE ORGANIZATIONS. AS REPORTED ON THE FYE 6/30/09 FORM 990, 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 ("COO") AND DOUGLAS DALZELL ("EXECUTIVE DEAN"). WHAT WAS NOT REPORTED IN THE FYE 6/30/09 FORM 990 IS THAT IN ADDITION TO THE CEO, COO, AND EXECUTIVE DEAN, THE SALARIES OF OTHER EXECUTIVES WERE ESTABLISHED USING THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR FYE 6/30/09 AND PRIOR PERIODS. THE REBUTTABLE PRESUMPTION OF REASONABLENESS PROCEDURE ALSO WAS FOLLOWED FOR FYE 6/30/10. JUST AS WITH THE CEO, COO AND EXECUTIVE DEAN, THE PROCESS INVOLVED AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD. THE COMMITTEE RECEIVED AN ANNUAL REPORT FROM AN INDEPENDENT COMPENSATION CONSULTANT SETTING FORTH PROPOSED SALARY RANGES FOR THE CEO, COO, EXECUTIVE DEAN AND CERTAIN OTHER EXECUTIVES. 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

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ATTACHMENT 1 (CONT'D)

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 COMPENSATION RANGES NOT ONLY FOR THE CEO, COO AND EXECUTIVE DEAN, BUT ALSO FOR THE OTHER EXECUTIVES IN RENDERING ITS DETERMINATION THAT THE COMPENSATION PAID TO THESE OTHER EXECUTIVES WAS REASONABLE. THE RESULT IS THAT THE ORGANIZATION MAY HAVE PAID EXCESSIVE COMPENSATION TO ONE OR MORE OTHER EXECUTIVES INCLUDING THE FOLLOWING: SANDRA K. WILLSIE, D.O., EXECUTIVE VICE-PRESIDENT FOR RESEARCH, MEDICAL AFFAIRS AND DEAN OF THE COLLEGE OF OSTEOPATHIC MEDICINE FOR FYE 6/30/05 - 6/30/09, DARIN L. HAUG, D.O., EXECUTIVE VICE-PRESIDENT FOR ACADEMIC AND MEDICAL AFFAIRS/DEAN COLLEGE OF OSTEOPATHIC MEDICINE FOR FYE 6/30/08 - 6/30/10, AND MARY PAT WOHLFORD-WESSELS, PH.D., EXECUTIVE VICE PRESIDENT FOR RESEARCH AND INSTITUTIONAL EFFECTIVENESS FOR FYE 6/30-08 - 6/30/10. IT IS THE ORGANIZATION'S BELIEF THAT SANDRA K. WILLSIE AND DARIN L. HAUG WERE DISQUALIFIED PERSONS DURING ONE OR MORE YEARS WHEN THE IMPROPER COMPARABLE COMPENSATION NUMBERS WERE USED TO ESTABLISH THEIR SALARIES BUT MARY PAT WOHLFORD-WESSELS WAS NOT A DISQUALIFIED PERSON. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990, THAT THE ORGANIZATION HIRED A SEPARATE AND INDEPENDENT COMPENSATION CONSULTANT TO DETERMINE THE PROPER LEVEL OF COMPENSATION FOR THESE EXECUTIVES AND THAT TO THE EXTENT THE ORGANIZATION

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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. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING. BECAUSE THE ORGANIZATION DOES NOT BELIEVE THAT MARY PAT WOHLFORD-WESSELS IS A DISQUALIFIED PERSON, IT ONLY WILL PROVIDE ANY ADDITIONAL INFORMATION THAT BECOMES AVAILABLE WITH RESPECT TO SANDRA K. WILLSIE AND DARIN L. HAUG IN FUTURE FORM 990S OR THROUGH AN AMENDMENT TO THIS FYE 6/30/10 FORM 990.

2. INFLATED INCENTIVE PLAN BONUSES. DARIN L. HAUG, SANDRA K. WILLSIE AND MARY PAT WOHLFORD-WESSELS ALSO WERE ELIGIBLE TO RECEIVE THE INCENTIVE PLAN BONUSES DISCUSSED ABOVE FOR THE CEO, COO AND EXECUTIVE DEAN. THIS WAS NOT REPORTED IN THE FYE 6/30/09 FORM 990 BUT IT IS NOW DISCLOSED ON THIS FYE 6/30/10 FORM 990. AS REPORTED ABOVE, 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 SANDRA K. WILLSIE UNDER THE PLAN ALSO WAS INCREASED IN THESE YEARS. IT WAS REPORTED IN THE FYE 6/30/09 FORM 990, THAT THE SPECIAL INVESTIGATION WAS STILL ONGOING, AND WHEN THE SPECIAL COMMITTEE DETERMINES THE AMOUNT OF ANY EXCESS COMPENSATION RELATING TO THE INCENTIVE PLAN BONUS, IT WILL BE DISCLOSED ON A FUTURE FORM 990 OR THROUGH AN AMENDMENT TO THIS FYE 6/30/10 FORM 990. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

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3. ORGANIZATION MANAGERS.

(A) EXCESSIVE COMPENSATION. AS REPORTED ON THE FYE 6/30/09 FORM 990, THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO) WHO 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. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

(B) INFLATED INCENTIVE PLAN BONUSES. AS REPORTED ON THE FYE 6/30/09 FORM 990, THE ORGANIZATION IS NOT AWARE OF ANY "ORGANIZATION MANAGER" (OTHER THAN THE CEO) WHO 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 INCENTIVE COMPENSATION OF SANDRA K. WILLSIE UNDER THE PLAN. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

Name of the organization KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

Employer identification number 44-0545280

ATTACHMENT 1 (CONT'D)

4. CORRECTION. THE SPECIAL COMMITTEE HAS NOT YET DETERMINED THE EXTENT OR AMOUNT, IF ANY, OF ANY EXCESS BENEFIT TRANSACTION INVOLVING SANDRA K. WILLSIE AND DARIN L. HAUG. BECAUSE NO AMOUNT, IF ANY, HAS BEEN DETERMINED, THERE HAS BEEN NO ATTEMPT TO CORRECT. THERE IS NO ADDITIONAL INFORMATION TO REPORT ON THIS MATTER AS OF THE DATE OF THIS FYE 6/30/10 FORM 990 FILING.

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

(A) CASEY PLETZ

(B) CASEY PLETZ IS THE DAUGHTER OF KAREN PLETZ WHO WAS A DIRECTOR AND OFFICER OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES DURING THE TAX YEAR

(C) COMPENSATION $40,611, BENEFITS $6,163

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

(E) NO

(A) MARGARITA DALZELL

(B) MARGARITA DALZELL IS THE DAUGHTER IN LAW OF DOUG DALZELL WHO WAS AN OFFICER OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES DURING THE TAX YEAR

(C) COMPENSATION $26,576, BENEFITS $13,531

(D) MARGARITA DALZELL IS AN EMPLOYEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

(E) NO

Name of the organization KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

Employer identification number 44-0545280

ATTACHMENT 1 (CONT'D)

(A) PARRIS COMMUNICATIONS, INC.

(B) ROSHANN S. PARRIS WAS A TRUSTEE OF KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES DURING THE TAX YEAR AND AN OFFICER, DIRECTOR, AND OWNER OF PARRIS COMMUNICATIONS, INC.

(C) $154,484

(D) PARRIS COMMUNICATIONS, INC. PROVIDES PUBLIC RELATION SERVICES TO KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

(E) NO

ATTACHMENT 2

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

BRITISH VIRGIN ISLANDS

CAYMAN ISLANDS

ATTACHMENT 3

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 SUBJECT TO DISCRIMINATION IN ANY PROGRAM SPONSORED BY THE UNIVERSITY. INQUIRIE REGARDING COMPLIANCE MUST BE DIRECTED TO THE EXECUTIVE VICE PRESIDENT FOR

Name of the organization KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES

Employer identification number 44-0545280

ATTACHMENT 3 (CONT'D)

SCHEDULE E - EXPLANATION FOR LINE 3

INSTITUTIONAL DEVELOPMENT, AND EXECUTIVE DEAN, GRADUATE STUDIES, W IS THE

ATTACHMENT 4

SCHEDULE E - EXPLANATION FOR LINE 6A

THE ORGANIZATION RECEIVES GOVERNMENT GRANTS TO FURTHER ITS EXPEMT PURPOSE.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009

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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
INDEPENDENCE AVENUE DEV CO. 43-1848034 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	REAL ESTATE	MO	501(C)(3)	11A	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 GOLF 43-1683174 1750 INDEPENDENT AVENUE KANSAS CITY, MO 64106	FUNDRAISING	MO	501(C)(3)	11A	N/A
SCORE 1 FOR HEALTH 20-3773804 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	HEALTHCARE	MO	501(C)(3)	7	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MEN'S HEALTHLINK, INC. 20-3070848 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	HEALTHCARE	MO	N/A	C CORP	222.	4,701.	100.0000
THE DR. LEONARD SMITH CRAT 43-6842045 1750 E. INDEPENDENCE AVENUE KANSAS CITY, MO 64106	INVESTMENTS	MO	N/A	TRUST	-10,940.	67,418.	100.0000

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

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

			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 or **(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	(b) Transaction type (a–r)	(c) Amount involved
(1)	SCORE 1 FOR HEALTH	N	266,444.
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Schedule R (Form 990) 2009

JSA

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Form **926**
(Rev. December 2008)

Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ **Attach to your income tax return for the year of the transfer or distribution.**

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	44-0545280

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? . . . . . ☐ **Yes** ☐ **No**

b Did the transferor remain in existence after the transfer? . . . . . ☒ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . . ☒ **Yes** ☐ **No**

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? . . . . . ☐ **Yes** ☒ **No**

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . . ☐ **Yes** ☐ **No**

c Is the partner disposing of its **entire** interest in the partnership? . . . . . ☐ **Yes** ☐ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . . ☐ **Yes** ☐ **No**

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

IRONWOOD INTERNATIONAL LTD.

4 **Identifying number,** if any

5 Address (including country)

ONE MARKET PLAZA, STEUART TOWER, STE 2500 SAN FRANCISCO, CA 94105

6 Country code of country of incorporation or organization (see instructions)

CJ

7 Foreign law characterization (see instructions)

CAYMAN ISLANDS

8 Is the transferee foreign corporation a controlled foreign corporation? . . . . . ☐ **Yes** ☒ **No**

Part III **Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		300,000.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV **Additional Information Regarding Transfer of Property** (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 5.53 % **(b)** After 6.056 %

10 Type of nonrecognition transaction (see instructions) ► I.R.C. SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a	Gain recognition under section 904(f)(3)	☐ Yes	☒ No
b	Gain recognition under section 904(f)(5)(F)	☐ Yes	☒ No
c	Recapture under section 1503(d)	☐ Yes	☒ No
d	Exchange gain under section 987	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a	Tainted property	☐ Yes	☒ No
b	Depreciation recapture	☐ Yes	☒ No
c	Branch loss recapture	☐ Yes	☒ No
d	Any other income recognition provision contained in the above-referenced regulations	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► $ _____

16 Was cash the only property transferred? ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)

Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ **Attach to your income tax return for the year of the transfer or distribution.**

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I **U.S. Transferor Information** (see instructions)

Name of transferor	**Identifying number** (see instructions)
KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	44-0545280

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? . . . . . ☐ **Yes** ☐ **No**

b Did the transferor remain in existence after the transfer? . . . . . ☒ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . . ☐ **Yes** ☒ **No**

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? . . . . . ☒ **Yes** ☐ **No**

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . . ☐ **Yes** ☐ **No**

c Is the partner disposing of its **entire** interest in the partnership? . . . . . ☐ **Yes** ☐ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . . ☐ **Yes** ☐ **No**

Part II **Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation)

MAGNITUDE CAPITAL

4 **Identifying number,** if any

5 Address (including country)

601 LEXINGTON AVENUE, 59TH FLOOR NEW YORK, NY 10022

6 Country code of country of incorporation or organization (see instructions)

CJ

7 Foreign law characterization (see instructions)

CAYMAN ISLANDS

8 Is the transferee foreign corporation a controlled foreign corporation? . . . . . ☐ **Yes** ☒ **No**

Part III **Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/01/2009		400,000.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV **Additional Information Regarding Transfer of Property** (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before NONE % **(b)** After 0.04%

10 Type of nonrecognition transaction (see instructions) ▶ I.R.C. SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a	Gain recognition under section 904(f)(3)	☐ Yes	☒ No
b	Gain recognition under section 904(f)(5)(F)	☐ Yes	☒ No
c	Recapture under section 1503(d)	☐ Yes	☒ No
d	Exchange gain under section 987	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a	Tainted property	☐ Yes	☒ No
b	Depreciation recapture	☐ Yes	☒ No
c	Branch loss recapture	☐ Yes	☒ No
d	Any other income recognition provision contained in the above-referenced regulations	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ $ _____

16 Was cash the only property transferred? ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)

Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ **Attach to your income tax return for the year of the transfer or distribution.**

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I **U.S. Transferor Information** (see instructions)

Name of transferor	**Identifying number** (see instructions)
KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES	44-0545280

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? . . . . . ☐ **Yes** ☐ **No**

b Did the transferor remain in existence after the transfer? . . . . . ☒ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . . ☐ **Yes** ☒ **No**

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? . . . . . ☒ **Yes** ☐ **No**

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . . ☐ **Yes** ☐ **No**

c Is the partner disposing of its **entire** interest in the partnership? . . . . . ☐ **Yes** ☐ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . . ☐ **Yes** ☐ **No**

Part II **Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation)

LIONGATE COMMODITIES

4 **Identifying number,** if any

5 Address (including country) TELESTONE 8, TELPORT, NARITAWEG 165 P.O. BOX 7241 - 10 AMSTERDAM THE NETHERLANDS NL

6 Country code of country of incorporation or organization (see instructions)

NL

7 Foreign law characterization (see instructions)

THE NETHERLANDS

8 Is the transferee foreign corporation a controlled foreign corporation? . . . . . ☐ **Yes** ☒ **No**

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

JSA
9X2608 2.000

Part III **Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
Stock and securities	12/01/2009	1,182.63 SHARES	1,257,869.		
	03/01/2010	184.23 SHARES	195,951.		
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV **Additional Information Regarding Transfer of Property** (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before NONE % **(b)** After 1.301 %

10 Type of nonrecognition transaction (see instructions) ▶ I.R.C. SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a	Gain recognition under section 904(f)(3)	☐ **Yes**	☒ **No**
b	Gain recognition under section 904(f)(5)(F)	☐ **Yes**	☒ **No**
c	Recapture under section 1503(d)	☐ **Yes**	☒ **No**
d	Exchange gain under section 987	☐ **Yes**	☒ **No**

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ **Yes** ☒ **No**

13 Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a	Tainted property	☐ **Yes**	☒ **No**
b	Depreciation recapture	☐ **Yes**	☒ **No**
c	Branch loss recapture	☐ **Yes**	☒ **No**
d	Any other income recognition provision contained in the above-referenced regulations	☐ **Yes**	☒ **No**

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ **Yes** ☒ **No**

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ **Yes** ☒ **No**

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ $ _____

16 Was cash the only property transferred? ☐ **Yes** ☒ **No**

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ **Yes** ☒ **No**

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **990-T**
Department of the Treasury
Internal Revenue Service

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

For calendar year 2009 or other tax year beginning 07/01, 2009, and ending 06/30, 20 10. ▶ See separate instructions.

OMB No. 1545-0687

2009

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

A [ ] Check box if address changed

B Exempt under section
[X] 501(C)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year
136,196,375.

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 8 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 ▶ [X] 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 [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ FRED CORNWELL Telephone number ▶ 816-283-2306

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0.				
b	Less returns and allowances c Balance ▶	1c	0.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	0.		0.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
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 10 of the instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	0.		0.

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	0.
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	0.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	0.
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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	0.
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	0.
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	0.

Form **8868**
(Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [X]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print

File by the due date for filing your return. See instructions.

Name of Exempt Organization	Employer identification number
KANSAS CITY UNIVERSITY OF MEDICINE AN BIOSCIENCES	44-0545280

Number, street, and room or suite no. If a P.O. box, see instructions.
1750 INDEPENDENCE AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
KANSAS CITY, MO 64106

Check type of return to be filed (file a separate application for each return):

☐ Form 990	[X] Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ FRED CORNWELL

Telephone No. ▶ 816 283-2306 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . ▶ ☐ . If it is for part of the group, check this box . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
▶ [X] tax year beginning 07/01, 2009, and ending 06/30, 2010.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 4-2009)

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	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the 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	0.

Part IV Tax and Payments

40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see page 16 of the instructions)	40b			
c	General business credit. Attach 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	0.
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	0.
44 a	Payments: A 2008 overpayment credited to 2009	44a			
b	2009 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	0.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0.
49	Enter the amount of line 48 you want: **Credited to 2010 estimated tax** ▶ **Refunded** ▶			49	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

		Yes	No
1	At any time during the 2009 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 ▶		X
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.		X
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		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4 a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					X
5	**Total.** Add lines 1 through 4b	5					

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 | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer's Use Only

Preparer'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 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246	EIN	44-0160260
		Phone no.	816 221-6300

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

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)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Totals . . . . . ▶

Total dividends-received deductions included in column 8 . . . . . ▶

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)				
			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).

Totals . . . . . ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

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)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

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)						
Totals ▶	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.

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						
Totals, Part II (lines 1-5) ▶	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.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
ATCH 1		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

ATTACHMENT 1

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
RICHARD K HOFFINE 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.
DOUGLAS C DALZELL 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.
MARY PAT WOHLFORD WESSELS 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	EVP OF RESEARCH & INST. EFF.	0.000000	0.
WILLIAM M DANA JR 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	0.000000	0.
DERON L CHERRY 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	0.000000	0.
CHERYL K DILLARD 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	0.000000	0.
DARIN L HAUG DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	EVP OF ACADEMIC & MED. AFFAIRS	0.000000	0.
PAUL W DYBEDAL DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	0.000000	0.
KESTER J NEDD DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.
ROSHANN S PARRIS 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.

ATTACHMENT 1 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CYNTHIA MORRIS DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	0.000000	0.
TERRENCE P DUNN 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	0.000000	0.
CARLA C DURYEE 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	0.000000	0.
FREDERICK G FLYNN DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	TRUSTEE	0.000000	0.
T NELSON MANN 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SECRETARY & TRUSTEE	0.000000	0.
DARWIN J STRICTLAND, DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	VICE CHAIRMAN & TRUSTEE	0.000000	0.
HOWARD D WEAVER, DO 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.
KAREN L PLETZ 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.
VERGIL J GUILLORY 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	VP FOR RESEARCH	0.000000	0.
LINDA FALK 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.

ATTACHMENT 1 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
SUSAN STANTON 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.
FRED CORNWELL 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	SEE SCHEDULE O	0.000000	0.
DENISE K KAISER 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	VP OF MARKETING & COMM.	0.000000	0.
SHERYL L LUSTER 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	VP FOR ADVANCEMENT	0.000000	0.
LEANN K CARLTON 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	VP OF STUDENT AFFAIRS	0.000000	0.
STEPHEN J PHIPPS 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	VP FOR ADMISSIONS	0.000000	0.
JAMES E PARK 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	VP FOR FINANCE & ADMIN	0.000000	0.
BECKY G TALKEN 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	CIO	0.000000	0.
DAWN M ROHRS 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	ASSISTANT VP FOR HR	0.000000	0.
VICKIE S KEENEY 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	CONTROLLER	0.000000	0.

ATTACHMENT 1 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CONNIE J BOYD 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	CORPORATE BOARD SECRETARY	0.000000	0.
BRIAN T REESE 1750 INDEPENDENCE AVENUE KANSAS CITY, MO 64106	ASST CORP BOARD SECRETARY	0.000000	0.
TOTAL COMPENSATION			0.