

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, 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 Biosciences. Address: 1750 Independence Avenue, Kansas City, MO 64106.

D Employer identification number: 44-0545280. E Telephone number: (816) 283-2000. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: HTTP://WWW.KCUMB.EDU

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000.

L Gross receipts: 67,496,922

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a-d), and Amount. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	3,145,505	1,270,767	1,874,738
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	14,729,915	10,566,062	3,598,071
27	Pension plan contributions not included on lines 25a, b and c	27	1,278,203	902,107	331,615
28	Employee benefits not included on lines 25a - 27	28	2,260,212	962,188	1,246,110
29	Payroll taxes	29	1,091,734	731,712	321,239
30	Professional fundraising fees	30			
31	Accounting fees	31	65,112		65,112
32	Legal fees	32	657,741		657,741
33	Supplies	33	499,815	308,707	168,096
34	Telephone	34	150,935	122,935	18,328
35	Postage and shipping	35	105,024	393	101,072
36	Occupancy	36	519,500		519,500
37	Equipment rental and maintenance	37	998,911	610,114	388,797
38	Printing and publications	38	247,999	12,524	235,306
39	Travel	39	653,834	319,486	174,762
40	Conferences, conventions, and meetings	40			
41	Interest	41	58,615		58,615
42	Depreciation, depletion, etc. (attach schedule)	42	2,047,626	1,116,581	931,045
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	39,188,799	23,131,215	14,687,547

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$⁰ _____, (ii) the amount allocated to Program services \$⁰ _____, (iii) the amount allocated to Management and general \$⁰ _____, and (iv) the amount allocated to Fundraising \$⁰ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ TO EDUCATE AND TRAIN DOCTORS OF OSTEOPATHY All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a THE UNIVERSITY IS ORGANIZED TO TRAIN AND EDUCATE DOCTORS OF OSTEOPATHY APPROXIMATELY 856 PEOPLE WERE SERVED DURING THE YEAR THE UNIVERSITY ALSO EXTENDS UNSECURED CREDIT TO ITS STUDENTS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	23,131,215
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	23,131,215

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing			45		
	46 Savings and temporary cash investments		26,256,005	46	31,837,371	
	47a Accounts receivable	47a	350,372			
	b Less allowance for doubtful accounts	47b	181,413	212,091	47c	168,959
	48a Pledges receivable	48a	1,049,035			
	b Less allowance for doubtful accounts	48b	9,400	1,164,770	48c	1,039,635
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a	2,566,744			
	b Less allowance for doubtful accounts	51b		2,861,002	51c	2,566,744
	52 Inventories for sale or use			51,284	52	44,513
	53 Prepaid expenses and deferred charges			1,030,742	53	840,872
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			56,349,540	54a	56,088,589
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
	55a Investments—land, buildings, and equipment basis	55a	55,187			
	b Less accumulated depreciation (attach schedule)	55b		55,187	55c	55,187
	56 Investments—other (attach schedule)				56	
57a Land, buildings, and equipment basis	57a	56,337,072				
b Less accumulated depreciation (attach schedule)	57b	19,469,082	35,591,470	57c	36,867,990	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			4,301,562	58	4,168,235	
59 Total assets (must equal line 74) Add lines 45 through 58			127,873,653	59	133,678,095	
Liabilities	60 Accounts payable and accrued expenses		4,735,271	60	4,576,135	
	61 Grants payable			61		
	62 Deferred revenue		1,147,999	62	3,613,935	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)			7,654,966	64a	7,445,411
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)			3,536,691	65	3,670,691
66 Total liabilities Add lines 60 through 65			17,074,927	66	19,306,172	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		100,721,649	67	105,883,997	
	68 Temporarily restricted		5,924,962	68	4,007,980	
	69 Permanently restricted		4,152,115	69	4,479,946	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			110,798,726	73	114,371,923
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			127,873,653	74	133,678,095

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 77: Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures (See line 81 instructions). 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of KC UNIV OF MED BIOSCIENCES
91b 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?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PATIENT REVENUE					1,452,437
b STUDENT LOAN REV					1,822,449
c STUDENT FEES & REV					37,504,047
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,744,974	
96 Dividends and interest from securities			14	1,811,314	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	5,250	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-734,840	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a CAFETERIA & VENDING			03	81,834	
b MISC SCHOOL INCOME			01	414,418	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,322,950	40,778,933
105 Total (add line 104, columns (B), (D), and (E))					44,101,883

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	THE PROVIDING OF ACUTE CARE SERVICES TO THE GENERAL PUBLIC
93B	THE OPERATION OF A FOUR-YEAR OSTEOPATHIC MEDICAL COLLEGE
93C	THE OPERATION OF A FOUR-YEAR OSTEOPATHIC MEDICAL COLLEGE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
MEN'S HEALTHLINK OF KC MO 1750 INDEPENDENCE AVE KANSAS CITY, MO64106 20-3070848	10000 %	DORMANT CORP	7,633	3,636
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	INDEPENDENCE AVENUE DEVELOPMENT CO 1750 INDEPENDENCE AVE KANSAS CITY, MO 64106	431848034	INTERCOMPANY RECEIVABLE	4,500	
b	HEALTH POLICY INSTITUTE 1750 INDEPENDENCE AVE KANSAS CITY, MO 64106	201138771	CHARITABLE CONTRIBUTIONS	106,134	
Totals				110,634	

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	MEN'S HEALTHLINK OF KANSAS CITY MO 1750 INDEPENDENCE AVE KANSAS CITY, MO 64106	203070848	PRINCIPLE PAYMENT	100,000	
b	MEN'S HEALTHLINK OF KANSAS CITY MO 1750 INDEPENDENCE AVE KANSAS CITY, MO 64106	203070848	CHARITABLE CONTRIBUTION	95,606	
Totals				195,606	

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				Yes	

Please Sign Here

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

Signature of officer _____ Date 2008-12-15

RICHARD HOFFINE VICE PRESIDENT
Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature  Michael J Engle	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  BKD LLP 120 West 12th Street Suite 1200 Kansas City, MO 641051936			EIN  Phone no  (816) 221-6300

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

Name of the organization
Kansas City University of Medicine and
Biosciences

Employer identification number

44-0545280

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LORI BOYAJIAN O'NEILL 5307 W 139TH TERR OVERLAND PARK, KS 66240	PROFESSOR/DEPT CHAIR 40 0	227,265	22,572	0
VERGIL J GUILLORY PO BOX 13545 EDWARDSVILLE, KS 66113	ASS DEAN OF RESEARCH 40 0	224,944	36,046	0
G MICHAEL JOHNSTON 4354 LOBO CT LEES SUMMIT, MO 64064	PROFESSOR/DEPT CHAIR 40 0	213,298	35,548	0
JOSEPH M YASSO JR 3513 NW PRIMROSE LN LEES SUMMIT, MO 64064	ASS PROFESSOR/CHAIR 40 0	203,650	33,322	0
MAURICE W OELKLAUS 3014 NE 49TH TERR KANSAS CITY, MO 64119	ASS DEAN CLINICAL AF 40 0	201,100	27,341	0
Total number of other employees paid over \$50,000	103			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BKD 120 W 12TH ST KANSAS CITY, MO 64105	AUDITING	61,492
JAMES MARVINE 12714 W 118TH ST OVERLAND PARK, KS 66210	MEDICAL CLINIC MGMT	73,182
LATHROP AND GAGE LC 2345 GRAND BLVD STE 2800 KANSAS CITY, MO 64108	LEGAL	99,321
BARRY SEWARD 9505 STATE LINE RD NO 8 CHARTWELL KANSAS CITY, MO 64114	CONSULTING	138,399
BRYAN CAVE LLP PO BOX 503089 ST LOUIS, MO 63150	LEGAL	191,334
Total number of others receiving over \$50,000 for professional services	1	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
STRAUB CONTRUCTION CO 7775 MEADOW VIEW DR SHAWNEE, KS 66227	CONSTRUCTION	1,173,529
RODRIGUEZ AND ASSOCIATES 1828 WALNUT ST SUITE 804 KANSAS CITY, MO 64108	ARCHITECT SERVICES	514,544
ROCKHURST COLLEGE 1100 ROCKHURST RD KANSAS CITY, MO 64110	TEACHING	270,000
ELITE MEDICAL SERVICE INC 1495 E 151ST ST OLATHE, KS 66061	MEDICAL BILLING	138,399
HARVEST PRODUCTIONS 801 N ALANTIC AVE KANSAS CITY, MO 64116	PROM & ADVT	92,559
Total number of other contractors receiving over \$50,000 for other services	7	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) </p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) </p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► 0 _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► 0 _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 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?	29 Yes	
30 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?	30 Yes	
31 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, attach a separate statement) ALL RACIALLY NONDISCRIMINATORY POLICIES ARE POSTED IN THE PUBLIC AREAS OF THE COLLEGE	31 Yes	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a Yes	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d Yes	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) _____ _____		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	No
b Admissions policies?	33b	No
c Employment of faculty or administrative staff?	33c	No
d Scholarships or other financial assistance?	33d	No
e Educational policies?	33e	No
f Use of facilities?	33f	No
g Athletic programs?	33g	No
h Other extracurricular activities?	33h	No
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) _____ _____		
34a Does the organization receive any financial aid or assistance from a governmental agency? 	34a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	No
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35 Yes	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	No	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Form 4797

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No 1545-0184

2007

Attachment Sequence No 27

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. See separate instructions.

Name(s) shown on return Kansas City University of Medicine and Biosciences

Identifying number 44-0545280

1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 2: PROPERTY & EQUIPMENT, 72,725, 78,074, -5,349.

3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below
8 Nonrecaptured net section 1231 losses from prior years (see instructions)
9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

Table with 2 columns: Line number, Amount. Row 7: -5,349. Row 9: (blank)

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). All cells are empty.

11 Loss, if any, from line 7
12 Gain, if any, from line 7, or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14

Table with 2 columns: Line number, Amount. Row 11: (5,349). Row 17: -5,349. Row 18a: (blank). Row 18b: (blank).

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21	23				
24 Total gain Subtract line 23 from line 20	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Sections 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the smaller of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the smaller of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31	
32 Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 33 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35	

Additional Data**Software ID:****Software Version:****EIN:** 44-0545280**Name:** Kansas City University of Medicine and
Biosciences**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONTRACT SERVICES	43a	445,109	243,792	201,317	
b PROFESSIONAL FEES	43b	1,093,769	638,755	454,420	594
c FOOD	43c	88,266	37,734	49,007	1,525
d MINOR EQUIPMENT	43d	293,187	248,717	39,486	4,984
e BILLING & COLLECTION	43e	134,318	134,318		
f SANITATION	43f	9,634		9,634	
g INSURANCE	43g	1,101,760	822,933	278,827	
h TAXES & LICENSE	43h	130,131	114,424	15,707	
i DUES & SUBSCRIPTIONS	43i	848,333	622,705	210,881	14,747
j ADVERTISING	43j	490,100	275,400	214,700	
k MARKETING	43k	159,906	65,489	94,417	
l PUBLIC RELATIONS	43l	667,445	84,150	576,821	6,474
m HOSPITAL DAY	43m	14,124	14,124		
n RECRUITMENT	43n	73,121	50,139	22,982	
o SPONSORED EVENTS	43o	179,301	92,668		86,633
p ENTERTAINMENT	43p	82,337	7,862	30,783	43,692
q EMPLOYEE RELATIONS	43q	168,968	23,658	145,310	
r FACULTY DEVELOPMENT	43r	12,875	12,875		
s STUDENT FUNCTIONS	43s	110,834	88,104	9,120	13,610
t MOVING EXPENSE	43t	25,853		25,853	
u BANK CHARGES	43u	24,923		24,923	
v EDUCATION MATERIALS	43v	227,971	227,971		
w HOMECOMING EXPENSE	43w	220,047			220,047
x CADEVERS	43x	41,305	41,305		
y WHITECOATING	43y	130,865	130,865		
z GRADUATION	43z	293,730	293,730		
aa RESEARCH STARTUP	43aa	183,459	183,459		
ab TUITION ASSISTANCE	43ab	19,645	19,645		
ac ROTATIONS EDUCATION	43ac	724,349	724,349		
ad DONOR RECOGNITION	43ad	82,485	1,762		80,723

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KAREN L PLETZ  1750 Independence Avenue Kansas City, MO 64106	PRESIDENT 40 0	1,195,440	33,755	0
SANDRA K WILLSIE  1750 Independence Avenue Kansas City, MO 64106	EXE VP OF ACADEMIC AFFAIRS 40 0	547,813	16,760	0
RICHARD K HOFFINE  1750 Independence Avenue Kansas City, MO 64106	EXE VP OF FINANCE 40 0	615,889	37,894	0
DOUGLAS C DALZELL  1750 Independence Avenue Kansas City, MO 64106	VP OF INSTITUTIONAL DEV 40 0	437,100	30,308	0
MARY PAT WOHLFORD WESSELS  1750 Independence Avenue Kansas City, MO 64106	VP OF INSTITUTIONAL EFFECT 40 0	208,210	22,336	0
PHILLIP TATE  1750 Independence Avenue Kansas City, MO 64106	VICE-CHAIRMAN/TRUSTEE 1 0	0	0	0
WILLIAM M DANA JR  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
DERON L CHERRY  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
CHERYL K DILLARD  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
DARIN L HAUG DO  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PAUL W DYBEDAL DO  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
T NELSON MANN  1750 Independence Avenue Kansas City, MO 64106	SECRETARY/TRUSTEE 1 0	0	0	0
SANFORD L MORETSKY DO  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
E FRANK ELLIS  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
KESTER J NEDD DO  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
DARWIN J STRICKLAND DO  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
ROSHANN S PARRIS  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
CYNTHIA MORRIS DO  1750 Independence Avenue Kansas City, MO 64106	TRUSTEE 1 0	0	0	0
HOWARD D WEAVER DO  1750 Independence Avenue Kansas City, MO 64106	CHAIR/TRUSTEE 1 0	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
INDEPENDENCE AVENUE DEVELOPMENT CO	X	
DERON CHERRY GOLF	X	
HEALTH POLICY INSTITUTE	X	
MEN'S HEALTHLINK OF KANSAS CITY M		X

TY 2007 Compensation Explanation

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Person Name	Explanation
KAREN L PLETZ	KAREN L PLETZ'S COMPENSATION IS COMPRISED OF SALARY 783,154 OTHER COMPENSATION 412,286 ----- ---- TOTAL 1,195,440
SANDRA K WILLSIE	SANDRA K WILLSIE'S COMPENSATION IS COMPRISED OF SALARY 547,813 OTHER COMPENSATION 0 ----- TOTAL 547,813
RICHARD K HOFFINE	RICHARD K HOFFINE'S COMPENSATION IS COMPRISED OF SALARY 421,406 OTHER COMPENSATION 194,483 ----- TOTAL 615,889
DOUGLAS C DALZELL	DOUGLAS C DALZELL'S COMPENSATION IS COMPRISED OF SALARY 271,272 OTHER COMPENSATION 165,828 ----- TOTAL 437,100
MARY PAT WOHLFORD WESSELS	MARY PAT WOHLFORD WESSELS' COMPENSATION IS COMPRISED OF SALARY 208,210 OTHER COMPENSATION 0 ----- TOTAL 208,210

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Gross Sales Price: 21,424,600

Basis: 22,154,091

Sales Expenses:

Total (net): -729,491

TY 2007 General Explanation Attachment

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Identifier	Return Reference	Explanation
FIXED ASSETS	990, PART IV, LINE 57	DESCRIPTION COST ACCUM DEPR DEPR EXP ----- LAND 839, 408 N/A N/A LAND IMPROVEMENTS 3,532,831 1,237,773 220,020 BUILDINGS 25,116,992 4,839,350 6 10,059 BUILDING IMPROVEMENTS 8,864,245 6,397,696 562,669 EQUIPMENT 8,874,026 6,994,263 654 ,878 ASSETS HELD FOR FUTURE USE 16,369 N/A N/A CONSTRUCTION IN PROGRESS 9,093,201 N/A N/A ----- TOTALS 56,337,072 19,469,082 2,047,626 =====

Identifier	Return Reference	Explanation
TAX EXEMPT BOND LIABILITIES	990, PART IV, LINE 64A	THE SERIES 2001 BONDS ARE PAYABLE ANNUALLY THROUGH 2031, IN PAYMENTS RANGING FROM \$100,000 TO \$525,000 INTEREST IS PAYABLE SEMI-ANNUALLY AT RATES RANGING FROM 2.75% TO 5.00%

TY 2007 Investments - Land Schedule

Name: Kansas City University of Medicine and
 Biosciences

EIN: 44-0545280

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
---------------	------------------	--------------------------	------------

TY 2007 Other Assets Schedule

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Description	Beginning of Year Amount	End of Year Amount
BOND ISSUE COSTS	254,450	236,480
CRAT	785,453	695,769
CSV LIFE INSURANCE	1,183,703	1,153,530
INTERCOMPANY RECEIVABLE	2,077,956	2,082,456

TY 2007 Other Changes in Net Assets Schedule

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	1,800,725
CHANGE IN NET ASSETS	702,036

TY 2007 Other Liabilities Schedule

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Description	Beginning of Year Amount	End of Year Amount
REFUNDABLE GOVT LOAN PROGRAMS	3,365,753	3,450,858
CRAT PAYABLE	170,938	219,833

**TY 2007 Other Notes/Loans
Receivable Short Schedule**

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Category/Name	Amount
STUDENT LOANS RECEIVABLE	2,566,382
SAL LOANS	362

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Item No.	1
Name of Issue	
Purpose	LIFE SCIENCES BOND PAYABLE - SEE STATEMENT 2
Amount Outstanding	7445411
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

**TY 2007 Explanation of Receipt or
Revocation of Government Financial Aid**

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Statement:

TY 2007 Scholarship Award Statement

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Statement: INDIVIDUALS ARE ELIGIBLE FOR STUDENT LOANS BASED UPON THE FOLLOWING CRITERIA: 1. UNDERGRADUATE DEGREE FROM AN ACCREDITED COLLEGE OR UNIVERSITY. 2. COMPLETED THE MINIMUM ENTRANCE HOURS IN PHYSICAL SCIENCES. 3. NOT LESS THAN ONE-HALF OF CREDIT HOURS IN THE MEDICAL PROGRAM. 4. STUDENT'S ANNUAL EDUCATIONAL BUDGET AND PARENT'S ANNUAL INCOME.

TY 2007 Self Dealing Statement

Name: Kansas City University of Medicine and
Biosciences

EIN: 44-0545280

Line Number	Explanation
2d	SEE PART V-A, FORM 990