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AMENDED RETURN 06 06

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

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 07/01 **, 2005, and ending** 06/30/2006

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
MIDWESTERN UNIVERSITY

Number and street (or P O box if mail is not delivered to street address) Room/suite
555 31ST STREET

City or town, state or country, and ZIP + 4
DOWNERS GROVE, IL 60515

D Employer identification number
36-3377698

E Telephone number
(630)515-7336

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

G Website: ▶ WWW.MIDWESTERN.EDU

J Organization type (check only one) ▶ [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 404,051,965.

H *and* **I** *are not applicable to section 527 organizations*

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

M Check ▶ [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	1,149,080.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	3,511,746.	
	d	Total (add lines 1a through 1c) (cash $ 4,644,177. noncash $ 16,649.)			1d 4,660,826.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 113,106,978.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 2,850,547.
	5	Dividends and interest from securities			5 1,724,918.
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7

8 a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		279,734,605.	8a		
b	Less cost or other basis and sales expenses	277,939,124.	8b	571.	
c	Gain or (loss) (attach schedule)	1,795,481.	8c	-571.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d 1,794,910.

	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ 92,471. of STMT 10 contributions reported on line 1a) STMT. 11	9a	70,511.	
	b	Less direct expenses other than fundraising expenses	9b	113,610.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c -43,099.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11 1,903,580.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 125,998,660.
Expenses	13	Program services (from line 44, column (B))			13 85,981,345.
	14	Management and general (from line 44, column (C))			14 9,737,891.
	15	Fundraising (from line 44, column (D))			15 299,828.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 96,019,064.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 29,979,596.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 133,251,769.
	20	Other changes in net assets or fund balances (attach explanation) STMT 12 STMT 13			20 12,546,247.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 175,777,612.

STATUTE UNIT RECEIVED MAY 26 2010 TPR BRANCH OGDEN

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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.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 1,636,340. noncash $) If this amount includes foreign grants, check here ▶ ☐	22	1,636,340.	1,636,340.	STMT 14	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	2,200,612.	440,122.	1,760,490.	
26 Other salaries and wages	26	45,307,519.	42,865,099.	2,291,258.	151,162.
27 Pension plan contributions	27	2,523,549.	2,321,600.	194,686.	7,263.
28 Other employee benefits	28	4,443,187.	3,928,331.	496,339.	18,517.
29 Payroll taxes	29	3,106,302.	2,834,163.	262,351.	9,788.
30 Professional fundraising fees	30				
31 Accounting fees	31	474,565.	205,975.	268,590.	
32 Legal fees	32	724,190.	111,783.	612,407.	
33 Supplies	33	1,025,615.	989,701.	34,260.	1,654.
34 Telephone	34	247,307.	229,973.	16,741.	593.
35 Postage and shipping	35	281,642.	233,562.	37,403.	10,677.
36 Occupancy	36	2,267,109.	2,190,610.	76,499.	
37 Equipment rental and maintenance	37	1,205,040.	1,131,334.	66,507.	7,199.
38 Printing and publications	38	181,045.	126,601.	37,524.	16,920.
39 Travel	39	441,442.	273,757.	163,578.	4,107.
40 Conferences, conventions, and meetings	40	614,630.	576,237.	28,185.	10,208.
41 Interest	41	5,899,391.	5,738,939.	160,452.	
42 Depreciation, depletion, etc (attach schedule)	42	6,773,479.	6,638,009.	135,470.	
43 Other expenses not covered above (itemize)					
a STMT 15	43a	16,666,100.	13,509,209.	3,095,151.	61,740.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	96,019,064.	85,981,345.	9,737,891.	299,828.

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 $ _____, (ii) the amount allocated to Program services $ _____, (iii) the amount allocated to Management and general $ _____, and (iv) the amount allocated to Fundraising $ _____

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? ▶SEE STATEMENT 16

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 DURING THE FISCAL YEAR ENDED 6/30/06, MIDWESTERN UNIVERSITY PROVIDED HEALTH SCIENCES EDUCATION SERVICES TO APPROXIMATELY 3,368 PRE-DOCTORAL STUDENTS AND 207 POST-DOCTORAL STUDENTS.

(Grants and allocations $ 1,636,340.) If this amount includes foreign grants, check here ▶ ☐ 85,981,345.

b THESE STUDENT SERVICES ARE LOCATED ON TWO CAMPUSES, ONE IN ILLINOIS AND THE SECOND IN ARIZONA. MIDWESTERN UNIVERSITY OFFERS HEALTH EDUCATION PROGRAMS IN MEDICINE, PHARMACY,

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c OCCUPATIONAL THERAPY, PHYSICAL THERAPY, PHYSICIAN ASSISTANCE, PERFUSION SERVICES, BIOMEDICAL, CLINICAL PSYCHOLOGY, PODIATRY, NURSE ANESTHETIST, AND GRADUATE EDUCATION PROGRAMS IN MEDICINE AS WELL AS CONTINUING EDUCATION FOR STAFF AND ALUMNI.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d MIDWESTERN UNIVERSITY CONTINUED ITS RESEARCH AND TRAINING PROGRAMS WITH THE SUPPORT OF FEDERAL AND PRIVATE FUNDING

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶ 85,981,345.

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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) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			11,218.	45	7,177.
	46 Savings and temporary cash investments			12,407,262.	46	9,859,897.
	47a Accounts receivable	47a	3,090,505.			
	b Less allowance for doubtful accounts	47b	1,746,634.	4,884,612.	47c	1,343,871.
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable			766,906.	49	715,329.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a	8,074,532.			
	b Less allowance for doubtful accounts	51b	298,000.	7,222,826.	51c	7,776,532.
	52 Inventories for sale or use			NONE	52	13,365.
	53 Prepaid expenses and deferred charges			622,604.	53	1,355,469.
	54 Investments - securities (attach schedule) STMT 17 ▶ ☐ Cost ☒ FMV			86,968,960.	54	105,567,627.
	55a Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	220,632,436.			
	b Less accumulated depreciation (attach schedule)	57b	51,710,430.	156,916,511.	57c	168,922,006.
	58 Other assets (describe ▶ STMT 18)			16,173,060.	58	35,808,386.
	59 **Total assets** (must equal line 74) Add lines 45 through 58			285,973,959.	59	331,369,659.
Liabilities	60 Accounts payable and accrued expenses			11,577,617.	60	12,872,665.
	61 Grants payable				61	
	62 Deferred revenue STMT. 19.			9,464,623.	62	10,473,275.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule) STMT. 20.			118,675,000.	64a	115,540,000.
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶ STMT 22)			13,004,950.	65	16,706,107.
	66 **Total liabilities.** Add lines 60 through 65			152,722,190.	66	155,592,047.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			128,287,634.	67	170,442,632.
	68 Temporarily restricted			2,434,236.	68	2,772,516.
	69 Permanently restricted			2,529,899.	69	2,562,464.
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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, column (B) **must** equal line 21)			133,251,769.	73	175,777,612.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			285,973,959.	74	331,369,659.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	126,235,975.
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) SEE STATEMENT 23	b4	237,315.		
	Add lines b1 through b4			b	237,315.
c	Subtract line b from line a			c	125,998,660.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	Total revenue (Part I, line 12) Add lines c and d ▶			e	125,998,660.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	96,256,379.
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify) SEE STATEMENT 24	b4	237,315.		
	Add lines b1 through b4			b	237,315.
c	Subtract line b from line a			c	96,019,064.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	Total expenses (Part I, line 17) Add lines c and d ▶			e	96,019,064.

Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(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
SEE STATEMENT 25		2,200,612.	322,481.	82,436.

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

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 16			
b	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)	75b		X
c	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 this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations	75c		X
	If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d	Does the organization have a written conflict of interest policy?	75d	X	

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)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	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?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
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?	80a	X	
b	If "Yes," enter the name of the organization ▶ STMT 28 and check whether it is [X] exempt or [X] nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81a	NONE	
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	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?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		N/A
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h	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?	85h		N/A
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88	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? If "Yes," complete Part IX	88	X	
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE			
b	*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? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
90 a	List the states with which a copy of this return is filed ▶ IL,			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	1257	
91 a	The books are in care of ▶ DEAN MALONE Telephone no ▶ 630-515-7145 Located at ▶ 555 31ST ST. DOWNERS GROVE, IL ZIP + 4 ▶ 60515			

			Yes	No
b	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)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	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 NONE			

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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 TUITION & FEES					93,340,617.
b STUDENT HOUSING					2,025,201.
c POST-DOCTORATE PRG					13,447,509.
d IBHE REVENUE					2,790,838.
e CLINIC REVENUE					1,502,813.
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	2,850,547.	
96 Dividends and interest from securities			14	1,724,918.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
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	1,794,910.	
101 Net income or (loss) from special events			01	-43,099.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b STMT 29				1,020,651.	882,929.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				7,347,927.	113,989,907.
105 Total (add line 104, columns (B), (D), and (E)) ▶					121,337,834.

Note: *Line 105 plus line 1d, 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).
	STMT 30

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
STMT 31	%		NONE	NONE
	%			
	%			
	%			

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).*

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.

▶ Kathleen H. Goeppinger, PhD — 5/11/10
Signature of officer — Date

▶ Kathleen H. Goeppinger President & CEO 5/11/10
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Lydia Tobey CPA	5/13/10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no. ▶
ERNST & YOUNG U.S. LLP 233 SOUTH WACKER DRIVE CHICAGO, IL 60606	34-6565596	312-879-2000

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2005

Name of the organization

MIDWESTERN UNIVERSITY

Employer identification number

36-3377698

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
SEE STATEMENT 32				
Total number of other employees paid over $50,000 . . ▶	253			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals 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
SEE STATEMENT 33		
Total number of others receiving over $50,000 for professional services . . . . . ▶	13	

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 individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 34		
Total number of other contractors receiving over $50,000 for other services . . . . . ▶	5	

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including 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 ▶ $ 25,000. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	X	
	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			
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)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit? STMT 35	2b	X	
c	Furnishing of goods, services, or facilities? STMT 36	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? STMT 37	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) STMT 38	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X	
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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)
- 11 a ☐ 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)
- 11 b ☐ 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 supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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* NOT APPLICABLE

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 NOT APPLICABLE ▶ **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 2001 through 2004 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

NOT APPLICABLE

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 11, 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

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 2001 through 2004, 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	X	
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	X	
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?	31	X	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) STMT 39			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	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		X
b	Admissions policies?	33b		X
c	Employment of faculty or administrative staff?	33c		X
d	Scholarships or other financial assistance?	33d		X
e	Educational policies?	33e		X
f	Use of facilities?	33f		X
g	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? STMT 40	34a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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	X	

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) NOT APPLICABLE

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		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		25,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			25,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities STMT 41

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X	

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51C	126,168.	MWU PROPERTIES CORP.	EMPLYS/BNFTS CHRGD AT 100%TIME
51C	1,001,644.	MWU PROPERTIES CORP.	EXPS PD - CHARGED TO MWU P.C.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [X] Yes [ ] No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
MWU PROPERTIES CORP.	501(C)(2)	TITLE HOLD CORP -CONTR'LLD GRP

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GAIN OR LOSS ON SALE OF ASSETS OTHER THAN INVENTORY
FORM 990 PART I LINE 8 COLUMN B

GAIN OR LOSS ON SALE OF ASSETS

DESCRIPTION:	EQUIPMENT
PROCEEDS:	NONE
COST BASIS:	571
NET GAIN/(LOSS)	(571)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

DEPRECIATION
PART II LINE 42 AND 57

FIXED ASSETS AND DEPRECIATION EXPENSE

DESCRIPTION	BOOK VALUE
BUILDINGS	170,366,307
EQUIPMENT	23,211,426
CONSTURCTION IN PROGRESS	15,122,553
LAND	11,932,150
TOTAL	220,632,436
LESS: ACCUMULATED DEPRECIATION	(51,710,430)
TOTAL BUILDINGS & EQUIPMENT - NET	168,922,006
DEPRECIATION EXPENSE	6,773,479

*DEPRECIATION EXPENSE WAS CALCULATED USING THE STRAIGHT-LINE METHOD OF DEPRECIATION OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

TRANSFERS TO AND FROM CONTROLLED ENTITIES
PART XI OF THE 2006 FORM 990

THE REPORTING ORGANIZATION MADE TRANSFERS TO CONTROLLED ENTITIES AS DEFINED IN SECTION 512(B)(13) OF THE CODE AS FOLLOWS:

NAME & ADDRESS	EIN	DESCRIPTION OF TRANSFER	AMOUNT
MIDWESTERN UNIVERSITY HOSPITALS & MEDICAL CENTERS 555 31ST STREET DOWNER'S GROVE, IL 60515	36-2166999	PAYMENTS MADE FROM MWU ON BEHALF OF HOSPITALS	
		INSURANCE MALPRACTICE SETTLEMENTS	$178,192
		LEGAL FEES FOR PENSION & MALPRACTICE	40,917
		ACCOUNTING-AUDIT	37,325
		OTHER PROFESSIONAL FEES	308,769
		TOTAL	$565,203
MIDWESTERN UNIVERSITY FOUNDATION 555 31ST STREET DOWNER'S GROVE, IL 60515	36-3955804	PAYMENTS MADE FROM MWU ON BEHALF OF THE FOUNDATION	
		SALARIES	$ 42,301
		FRINGE BENEFITS	9,430
		LEGAL FEES	37,456
		AUDIT FEES	32,087
		CONSULTING FEES	373,041
		OTHER OPERATING EXPENSE	23,485
		STUDENT ORIGINATION FEES ON LOANS.	3,376,892
		SCHOLARSHIP/FELLOWSHIP	1,300,000
		INTEREST EXPENSE	5,767,790
		TOTAL	$10,962,482
MWU PROPERTIES CORP 555 31ST STREET DOWNER'S GROVE, IL 60515	36-3377699	PAYMENTS MADE FROM MWU ON BEHALF OF PROPERTIES CORP	

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SALARIES	$	103,168
FRINGE BENEFITS		23,000
FOOD		2,187
COPIER FEES		3
OUTSIDE PRINTING SERVICES		70
PURCHASED SERVICE-OTHER		40,000
CONFERENCE FEES		1,041
POSTAGE		186
OTHER OPERATING EXP		943
OFFICE RENT EXPENSE		194,473
PROPERTY TAXES		48,000
NON-CAPITAL FURNISHINGS		80
MAINTENANCE SUPPLIES		32,406
UTILITIES		125,036
TELEPHONE		12,560
MAINTENANCE REPAIRS		14,883
MAINT. SERVICE CONTRACT		70,142
DEPRECIATION		470,554
INTEREST EXPENSE		796,986
INSURANCE EXPENSE		31,622
RENT		194,473
TOTAL		1,967,340

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SALARIES & WAGES
FORM 990, PART V; SCHEDULE A, PART I, 11-A, 110B

STATEMENT MADE PURSUANT TO REGULATION 1.6033-2(A)(II)(H)

THE TAXPAYER IS REPORTING INFORMATION ON THIS RETURN INCLUDING EMPLOYEE COMPENSATION GREATER THAN $50,000, PROFESSIONAL SERVICES GREATER THAN $50,000, AND A LISTING OF OFFICERS AND DIRECTORS THAT RELATES TO THE CALENDAR YEAR ENDED DECEMBER 31, 2005.

PURSUANT TO REGULATION 1.6033-2(A)(II)(H) THE TAXPAYER IS ELECTING TO INCLUDE THE INFORMATION WHICH RELATES TO THE PERIOD DURING THE CALENDAR YEAR WHICH ENDS WITHIN THE ORGANIZATION'S ANNUAL ACCOUNTING PERIOD.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT
FORM 990, PART II, LINE 22

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT STATEMENT

DUE TO THE FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (20 U.S.C. 1232G) MIDWESTERN UNIVERSITY IS NOT REQUIRED TO LIST THE INDIVIDUALS WHO ARE PROVIDED SCHOLARSHIPS, AWARDS, OR GRANTS. HOWEVER, THIS INFORMATION IS AVAILABLE AT THE TAXPAYER'S OFFICE UPON REQUEST.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PROCESS OF EVALUATING COMPENSATION
FORM 990, PART V LIST OF OFFICERS, DIRECTORS & TRUSTEES

THE BOARD OF TRUSTEES OF MIDWESTERN UNIVERSITY FOLLOWS A COMPREHENSIVE PROCESS IN EVALUATING THE TOTAL COMPENSATION PAID TO UNIVERSITY ADMINISTRATORS. THE PROCESS INCLUDES INDEPENDENT COMPENSATION CONSULTANTS AND MARKET DATA, REVIEW OF COMPREHENSIVE ANNUAL PERFORMANCE EVALUATIONS AND INTERNAL PAY EQUITY STANDARDS. IN ADDITION, THE BOARD OF TRUSTEES EVALUATES THE PERFORMANCE OF THE PRESIDENT THROUGH A LONG STANDING PEER EVALUATION TOOL.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GRANTS PAID ADDRESSES FOR STUDENT SCHOLARSHIPS
FORM 990 PART II GRANTS PAID

EFILING PROCESS DOES NOT ALLOW THE ADDRESS FIELDS FOR GRANTS RECIPIENTS TO BE BLANK OR "N/A." THEREFORE MIDWESTERN UNIVERSITY IS USING ITS OWN ADDRESS OF 555 31ST STREET, DOWNERS GROVE, IL 60515 AS A PLACE HOLDER. THE ACTUAL RECIPIENTS OF GRANTS FOR STUDENT SCHOLARSHIPS FROM MWU ARE AT VARIOUS ADDRESSES. NO ONE ADDRESS IS CORRECT.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
FORM 990, PART V-A

THIS RETURN IS AMMENDED TO REFLECT PREVIOUSLY UNREPORTED DEFERRED COMPENSATION. MIDWESTERN UNIVERSITY HAS PREVIOUSLY ENTERED INTO A SUPPLEMENTAL RETIREMENT PLAN AGREEMENT WITH ITS CEO WHICH IS AN INELIGIBLE PLAN UNDER SECTION 457(F). RECEIPT OF ANY POTENTIAL BENEFITS UNDER THE PLAN ARE AND CONTINUE TO BE SUBJECT TO A SUBTANTIAL RISK OF FORFEITURE (BENEFITS ARE CONDITIONED UPON FUTURE PERFORMANCE OF SUBSTANTIAL SERVICES BY THE CEO). THE AMOUNT OF CUMULATIVE NON-FUNDED, NON-VESTED AND FORFEITABLE BENEFIT (EXCLUDING ANY PORTION THEREOF ATTRIBUTABLE TO IMPUTED EARNINGS OR INTEREST) THAT HAS ACCRUED AS OF DECEMBER 31, 2005 IN THIS PLAN IS $248,157.

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
ANNUAL AZ GOLF TOURNAMENT	14,775.
ANNUAL IL GOLF TOURNAMENT	26,660.
BRIGHT LIGHTS DANCE	41,375.
OCTOBERFEST	361.
SCRIPTED FOR STYLE FASH. SHOW	9,300.
TOTAL	92,471.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL AZ GOLF TOURNAMENT	22,506.	16,418.	6,088.
ANNUAL IL GOLF TOURNAMENT	13,186.	28,684.	-15,498.
BRIGHT LIGHTS DANCE	32,875.	59,541.	-26,666.
OCTOBERFEST	NONE	1,415.	-1,415.
SCRIPTED FOR STYLE FASH. SHOW	1,944.	7,552.	-5,608.
TOTALS	70,511.	113,610.	-43,099.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
DISCONT. OPS- GAIN IN MIN. PENSION LIAB.	13,970,032.
TOTAL	13,970,032.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED LOSS-INT. RATE PROT. AGREEMNT	225,320.
UNREALIZED LOSS ON INVESTMENTS	1,198,465.
TOTAL	1,423,785.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
STUDENT SCHOLARSHIPS, AWARDS AND GRANTS 555 31ST STREET DOWNERS GROVE, IL 60515	NONE N/A	VARIOUS SCHOLARSHIPS TO STUDENTS	1,071,137.
MIDWESTERN UNIVERSITY HOSPITAL AND MEDICAL CENTER 555 31ST STREET DOWNERS GROVE, IL 60515	N/A N/A	GENERAL SUPPORT OF THE HOSPITAL	565,203.
		TOTAL CONTRIBUTIONS PAID	1,636,340.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INSURANCE EXPENSE	3,809,151.	2,387,394.	1,421,757.	
ADVERTISING & PROMOTIONS	135,783.	120,995.	10,341.	4,447.
CONSULTING	398,414.	130,044.	267,520.	850.
FOOD & EMPLOYEE MEALS	336,566.	322,707.	13,456.	403.
OTHER PURCHASED SERVICES	4,941,151.	4,747,556.	176,173.	17,422.
DUES & SUBSCRIPTIONS	632,356.	559,368.	71,990.	998.
LICENSES & PERMITS	242,420.	229,741.	12,679.	
EDUCATION EXPENSE	523,422.	523,134.	288.	
OTHER OPERATING EXPENSE	524,979.	332,686.	192,260.	33.
STUDENT COUNCIL	152,695.	152,695.		
BANK SERVICE CHARGES	766,962.	92,831.	673,553.	578.
RECRUITMENT EXPENSE	366,089.	252,003.	114,086.	
TRAINING & WORKSHOPS	365,883.	199,550.	129,631.	36,702.
CLINICAL FACULTY SERVICES	1,705,630.	1,705,630.		
INDIRECT FEDERAL/OTHER GRANTS	31,644.	31,644.		
BOOKS & PERIODICALS	910,051.	907,669.	2,086.	296.
MAINTENANCE & REPAIRS	110,477.	101,200.	9,277.	
GRADUATION EXPENSE	360,000.	359,935.	54.	11.
BAD DEBT EXPENSE	312,352.	312,352.		
ORIENTATION EXPENSE	40,075.	40,075.		
TOTALS	16,666,100.	13,509,209.	3,095,151.	61,740.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDING UNDERGRADUATE AND GRADUATE EDUCATION IN THE HEALTH SCIENCES, INCLUDING OSTEOPATHIC MEDICINE, PHARMACY, PHYSICIAN'S ASSISTANT STUDIES, PHYSICIAL THERAPY, OCCUPATIONAL THERAPY, CLINICAL PSYCHOLOGY, PODIATRY, BIOMEDICAL SCIENCES AND GRADUATE EDUCATION PROGRAMS.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
EQUITY SECURITIES	30,346,004.	33,347,595.	FMV
US GOVERNMENT NOTES AND BONDS	19,150,202.	10,099,252.	FMV
CASH, CASH EQUIV AND COD	22,391,615.	30,542,378.	FMV
CORPORATE BONDS	15,081,139.	31,578,402.	FMV
TOTALS	86,968,960.	105,567,627.	

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED COMPENSATION ASSETS	391,866.	435,117.
DUE FROM AFFILIATES	11,501,602.	28,520,574.
DEFERRED BOND ISSUANCE COSTS	4,279,592.	3,382,388.
SELF-INSURANCE ASSETS	NONE	3,470,307.
TOTALS	16,173,060.	35,808,386.

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED TUITION	9,464,623.	10,473,275.
TOTALS	9,464,623.	10,473,275.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
IDA GLENDALE AZ SERIES 2004		14,950,000.	13,565,000.
UNEXPENDED PROCEEDS:		1,245,844.	
THIRD PARTY PERCENTAGE:	0		
IDA GLENDALE AZ-2001A, DUE2021		6,755,000.	6,755,000.
UNEXPENDED PROCEEDS:		28,931.	
THIRD PARTY PERCENTAGE:	0		
IDA GLENDALE AZ-2001A, DUE2031		11,870,000.	11,870,000.
THIRD PARTY PERCENTAGE:	0		
IDA GLENDALE AZ-2001A, SERIAL		2,640,000.	2,250,000.
THIRD PARTY PERCENTAGE:	0		
IL DA SERIES 2001B, DUE 2016		4,060,000.	4,060,000.
THIRD PARTY PERCENTAGE:	0		
IL DA SERIES 2001B, DUE 2021		5,390,000.	5,390,000.
THIRD PARTY PERCENTAGE:	0		
IL DA SERIES 2001B, DUE 2026		7,210,000.	7,210,000.
THIRD PARTY PERCENTAGE:	0		
IL DA SERIES 2001B, DUE 2031		9,650,000.	9,650,000.
THIRD PARTY PERCENTAGE:	0		
IL DA SERIES 2001B, SERIAL		3,660,000.	3,120,000.
THIRD PARTY PERCENTAGE:	0		
IDA GLENDALE AZ-1998A		18,075,000.	18,075,000.
THIRD PARTY PERCENTAGE:	0		
IL EFA SERIES 1998B, DUE 2013		4,620,000.	4,620,000.
THIRD PARTY PERCENTAGE:	0		
IL EFA SERIES 1998B, DUE 2018		5,115,000.	5,115,000.
THIRD PARTY PERCENTAGE:	0		
IL EFA SERIES 1998B, DUE 2028		15,440,000.	15,440,000.
THIRD PARTY PERCENTAGE:	0		
IL EFA SERIES 1998B SERIAL			645,000.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
		1,260,000.	
THIRD PARTY PERCENTAGE:	0		
IDA GLENDALE AZ-1996A, DUE2016		680,000.	680,000.
THIRD PARTY PERCENTAGE:	0		
IDA GLENDALE AZ-1996A, DUE2018		2,120,000.	2,120,000.
THIRD PARTY PERCENTAGE:	0		
IDA GLENDALE AZ-1996A, SERIAL		600,000.	510,000.
THIRD PARTY PERCENTAGE:	0		
IL EFA SERIES 1996B, DUE 2011		680,000.	680,000.
THIRD PARTY PERCENTAGE:	0		
IL EFA SERIES 1996B, DUE 2016		905,000.	905,000.
THIRD PARTY PERCENTAGE:	0		
IL EFA SERIES 1996B, DUE 2026		2,880,000.	2,880,000.
THIRD PARTY PERCENTAGE:	0		
IL EFA SERIES 1996B, SERIAL		115,000.	NONE
THIRD PARTY PERCENTAGE:	0		
TOTALS		118,675,000.	115,540,000.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
OTHER CURRENT LIABILITIES	3,322,390.	1,748,166.
DEFERRED COMPENSATION	391,866.	435,117.
ACCRUED GRANT LIABILITIES	9,290,694.	11,656,555.
SELF-INSURANCE LIABILITIES	NONE	2,866,269.
TOTALS	13,004,950.	16,706,107.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSE	113,610.
RECLASS RENTAL EXPENSES	123,705.
TOTAL	237,315.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSE	113,610.
RECLASS RENTAL EXPENSES	123,705.
TOTAL	237,315.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WILLIAM D. ANDREWS 555 31ST STREET DOWNERS GROVE, IL 60515	CHAIRPERSON 0.5	NONE	NONE	NONE
SR. ANNE C. LEONARD 555 31ST STREET DOWNERS GROVE, IL 60515	VICE CHAIRPERSON 0.5	NONE	NONE	NONE
GERRIT A. VAN HUISSTEDE 555 31ST STREET DOWNERS GROVE, IL 60515	SECRETARY/TREASURE 0.5	NONE	NONE	NONE
JEAN L. BAXTER 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
MICHAEL J. BLEND, PHD, D.O. 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
FRANK J. DILEO 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
JOHN H. FINELY, D.O. 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
GRETCHEN R. HANNAN 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN LADOWICZ 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
ALEXANDER IRVINE 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
KEVIN D. LEAHY 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
MADELINE R. LEWIS, D.O. 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
ROBERT M. LOCKHART, PHD 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
W. JAY LOVELACE 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
PAUL M. STEINGARD, D.O. 555 31ST STREET DOWNERS GROVE, IL 60515	TRUSTEE 0.5	NONE	NONE	NONE
KATHLEEN H. GOEPPINGER, PHD 555 31ST STREET DOWNERS GROVE, IL 60515	PRESIDENT / CEO 40	607,745.	151,613.	12,327.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ARTHUR G. DOBBELAERE, PHD 555 31ST STREET DOWNERS GROVE, IL 60515	ASSISTANT SECR./COO 40	543,114.	40,810.	13,613.
GREGORY G. GAUS 555 31ST STREET DOWNERS GROVE, IL 60515	ASSISTANT TREAS./CFO 40	400,630.	41,414.	12,588.
DEAN P. MALONE 555 31ST STREET DOWNERS GROVE, IL 60515	VP BUSINESS SERV 40	251,014.	38,042.	1,606.
GEORGE T. CALEEL, D.O. 555 31ST STREET DOWNERS GROVE, IL 60615	VP CLINICAL EDUC. 40	187,266.	19,139.	41,235.
KAREN D JOHNSON 555 31ST STREET DOWNER'S GROVE, IL 60515	VP UNIV RELATIONS 40	210,843.	31,463.	1,067.
	GRAND TOTALS	2,200,612.	322,481.	82,436.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: MWU PROPERTIES CORP.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MIDWESTERN UNIVERSITY FOUNDATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MIDWESTERN UNIVERSITY HOSPITALS & MEDICAL CENTER

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: OSTEOPATHIC MANAGEMENT ENTERPRISES, INC.

EXEMPT: NONEXEMPT: X

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FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
WASH MACHINE REV			03	16,074.	
INDIRECT COST					85,053.
LIBRARY SRVC. REV.			03	211,739.	
MISCELLANEOUS REV.			01	412,095.	
BOOKSTORE			03	57,893.	
VENDING MACHINES			03	11,119.	
MEAL PLAN REVENUE			03	302,286.	
ALUMNI ASSOC DUES					9,575.
CONVENIENCE CHARGE			03	975.	
FITNESS PRGRM REV			03	1,559.	
INTRST STUD. LOANS					150,226.
PENALTY CHARGES			01	1,735.	
LATE CHARGES			01	3,821.	
PARKING FINES			01	605.	
CO-FND FACULTY REV					638,075.
RETURNED CHECK FEE			01	750.	
TOTALS				1,020,651.	882,929.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A,	CLASSES AND CLINICAL REFRESHERS INSTRUCT AND DISSEMINATE INFORMATION TO STUDENTS AND ALUMNI. THIS PREPARES STUDENTS FOR CAREERS IN THE HEALTH SCIENCES PROGRAMS INVOLVED AND IMPROVES SKILLS OF THE ALUMNI TO BETTER SERVE THEIR COMMUNITIES AND PROFESSIONS.
93B	HOUSING ALLOWS STUDENTS AND THEIR FAMILIES TO LIVE IN AN ON-CAMPUS APARTMENT AT REDUCED RATES.
93C	POST-DOCTORAL PROGRAM RELATES TO REIMBURSEMENT OF THE UNIVERSITY FROM HOSPITAL TRAINING SITES FOR STIPENDS AND OTHER COSTS ASSOCIATED WITH THE UNIVERSITY'S OSTEOPATHIC INTERN AND RESIDENT TRAINING PROGRAM.
93D	PER CAPITA REVENUE FROM STATE OF ILLINOIS FOR EVERY QUALIFIED IN-STATE STUDENT ENROLLED IN A HIGHER EDUCATION PROGRAM
93E	CLINIC REVENUE IS FROM THE WELLNESS CENTER, OMM, AND FAMILY MEDICINE, ALL OF WHICH TRAIN STUDENTS AND PROVIDE SERVICES TO STUDENTS, FACULTY AND STAFF.
103B	INDIRECT COST IS RECEIVED FROM GRANTS TO HELP DEFRAY OVERHEAD COSTS.
103K	LOAN INTEREST IS RECEIVED FROM STUDENTS
103O	CO-FUNDED FACULTY REVENUE RELATES TO THE SHARING OF THE COST OF PHARMACY FACULTY POSITIONS THAT ARE SPLIT BETWEEN A HOSPITAL PHARMACY WHERE STUDENTS RECEIVE CLINICAL TRAINING AND TEACHING. THE UNIVERSITY IS COMPENSATED FOR PART OF THE FACULTY SALARIES.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
OSTEOPATHIC MANAGEMENT ENT. 555 31ST STREET DOWNERS GROVE, IL 60515 36-3483456	100.000000	PROF.SERVICES	NONE	NONE
TOTAL INCOME			NONE	NONE

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
JAMES COLE 555 31ST STREET DOWNERS GROVE, IL 60515	DEAN 40	291,665.	41,225.	269.
KAREN NICHOLS 555 31ST STREET DOWNERS GROVE, IL 60515	DEAN 40	275,713.	42,076.	464.
MARY LEE 555 31ST STREET DOWNERS GROVE, IL 60515	DEAN 40	262,882.	41,835.	870.
DONALD MIDDLETON 555 31ST STREET DOWNERS GROVE, IL 60515	FAM MED FCLTY COORD 40	250,981.	33,033.	NONE
JOHN BURDICK 555 31ST STREET DOWNERS GROVE, IL 60515	DEAN 40	245,028.	21,263.	9,197.
	TOTAL COMPENSATION	1,326,269.	179,432.	10,800.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
DWL 2333 N CENTRAL PHOENIX, AZ 85014	ARCHITECTUAL	1,302,210.
MIDWEST PHYSICIANS GROUP 20110 GOVERNORS HIGHWAY OLYMPIA FIELDS, IL 60461	PHYSICIAN SERVICES	474,576.
LORD BISSELL & BROOK 115 S LASALLE STREET CHICAGO, IL 60603	LEGAL FEES	422,859.
JAMES HIDINGER 6301 33RD AVE DR SHELLSBURG, IA 52332	WEBSITE CONSULTANT	305,932.
ERNST & YOUNG, LLP PO BOX 96550 CHICAGO, IL 60693	ACCOUNTING	271,004.
	TOTAL COMPENSATION	2,776,581.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
CHANEN CONSTRUCTION 3300 N THIRD ST PHOENIX, AZ 33967	GENERAL CONTRACTOR	11,514,789.
CHARTWELLS COMPASS GROUP USA PO BOX 91337 CHICAGO, IL 60693	FOOD SERVICES	600,332.
AMERICAN ENGINEERING INC 3 WEST COLLEGE DRIVE ARLINGTON HEIGHTS, IL 60004	GENERAL CONTRACTOR	565,383.
METRO CLEANING COMPANY PO BOX 11361 GLENDALE, AZ 85318	JANITORIAL SERVICES	459,765.
BURNS INT'L SECURITY SERVICES 12672 COLLECTION CTR DRIVE CHICAGO, IL 60631	SECURITY SERVICES	421,464.
TOTAL COMPENSATION		13,561,733.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

MR. GERRIT A. VAN HUISSTEDE IS PRESIDENT AND CEO OF WELLS FARGO BANK, NATIONAL ASSOCIATION AND THE SECRETARY, TREASURER AND CHAIRMAN OF THE FINANCE COMMITTEE FOR THE BOARD OF TRUSTEES OF MIDWESTERN UNIVERSITY. WELLS FARGO BANK PROVIDES BANKING AND INVESTMENT SERVICES TO THE UNIVERSITY AND IS THE TRUSTEE ON BONDS ISSUED BY A RELATED ORGANIZATION.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

MR. KEVIN LEAHY IS A MEMBER OF THE BOARD OF TRUSTEES OF MIDWESTERN UNIVERSITY AND AN EXECUTIVE OFFICER OF THE SISTERS OF ST. FRANCIS HEALTH SERVICES. SSFHS PROVIDES CLINICAL TRAINING SITES FOR MIDWESTERN UNIVERSITY PRE AND/OR POST-DOCTORAL STUDENTS PURSUANT TO CLINICAL EDUCATIONAL AFFILIATION AGREEMENTS WITH THE UNIVERSITY. THE UNIVERSITY DOES NOT MAKE PAYMENTS TO SSFHS FOR THE SERVICES OR FACILITIES PROVIDED OR MADE AVAILABLE TO THEM UNDER THESE ARRANGEMENTS. SSFHS PAYS OR REIMBURSES THE UNIVERSITY FOR CERTAIN COSTS OF THE UNIVERSITY'S EDUCATION/TRAINING PROGRAMS (PRINCIPALLY STIPENDS AND BENEFITS PAID TO INTERNS AND RESIDENTS) ASSOCIATED WITH THE UNIVERSITY'S INTERNS AND RESIDENTS ASSIGNED TO THE RESPECTIVE HOSPITAL SITES PURSUANT TO THE AFFILIATION AGREEMENTS. THESE PAYMENTS (WITH THE AMOUNTS THEREOF BEING MARKET BASED AND DETERMINED ON AN ARMS'-LENGTH BASIS COMPARABLE TO PAYMENTS RECEIVED FOR THE SAME SERVICES BY THE UNIVERSITY TO CLINICAL TRAINING/HOSPITAL SITES UNRELATED TO THE UNIVERSITY OR ITS TRUSTEES, OFFICERS, KEY EMPLOYEES, ETC.) TOTALED $8,613,931 FROM SSFHS, RESPECTIVELY, FOR THE PERIOD INVOLVED. THESE TYPES OF CLINICAL EDUCATIONAL AFFILIATION AGREEMENTS ARE CRITICAL TO THE ABILITY OF THE UNIVERSITY TO ATTAIN ITS EDUCATIONAL MISSION, PURPOSE, GOALS AND OBJECTIVES, AND THE UNIVERSITY HAS SIMILAR AGREEMENTS WITH MANY INSTITUTIONS/TRAINING SITES UNRELATED TO THE UNIVERSITY OR ITS TRUSTEES, OFFICERS, KEY EMPLOYEES, ETC.
SEE STATEMENT 33

MR ALEXANDER IRVINE IN A MEMBER OF THE BOARD OF TRUSTEES OF THE UNIVERSITY AND A RETIRED OFFICER OF WILLIS OF ILLINOIS, WHICH PROVIDES INSURANCE BROKERAGE SERVICES TO THE UNIVERSITY.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V. ADDITIONALLY, VARIOUS BOARD MEMBERS ARE REIMBURSED FOR TRAVEL EXPENSES ASSOCIATED WITH ATTENDANCE AT BOARD MEETINGS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

THE ORGANIZATION MAINTAINS INTERNAL CONTROL PROCEDURES TO ENSURE THAT INDIVIDUALS OR ORGANIZATIONS RECEIVING DISBURSEMENTS, IN FURTHERANCE OF ITS EXEMPT PROGRAMS, ARE QUALIFYING RECIPIENTS. THE ORGANIZATION AWARDS STUDENTS FELLOWSHIPS OR LOANS BASED ON MERIT AND ACADEMIC EXCELLENCE.

SCHEDULE A, PART V - EXPLANATION FOR LINE 31

THE FOLLOWING LANGUAGE IS PUBLISHED ON THE UNIVERSITY'S WEBSITE, ON ALL OF ITS ADMISSIONS APPLICATIONS (INCLUDING CENTRALIZED APPLICATION SERVICES MANAGED BY OUTSIDE PROFESSIONAL ASSOCIATIONS), IN THE UNIVERSITY CATALOG, AND IN THE UNIVERSITY STUDENT HANDBOOK:
"MIDWESTERN UNIVERSITY PROVIDES EQUALITY OF OPPORTUNITY IN ITS EDUCATIONAL PROGRAMS FOR ALL PERSONS, MAINTAINS NONDISCRIMINATORY ADMISSIONS POLICIES, AND CONSIDERS FOR ADMISSION ALL QUALIFIED STUDENTS REGARDLESS OF RACE, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL OR ETHNIC ORIGIN, CITIZENSHIP STATUS, DISABILITY, STATUS AS A VETERAN, AGE, OR MARITAL STATUS."

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A

MIDWESTERN UNIVERSITY RECEIVES A PER CAPITA AMOUNT FROM THE STATE OF ILLINOIS FOR EVERY IN-STATE STUDENT ATTENDING THE UNIVERSITY. ALSO, MIDWESTERN UNIVERSITY RECEIVED FEDERAL AND STATE RESEARCH AWARDS.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

MISCELLANEOUS CONTACTS WITH LEGISLATORS REGARDING MATTERS OF GENERAL INTEREST.

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Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
VARIOUS PUBLICLY-TRADED SECURITIES			279,734,605.	277,939,124.	1,795,481.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			279,734,605.	277,939,124.	1,795,481.
Totals			279,734,605.	277,939,124.	1,795,481.