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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

2007

Open to Public Inspection

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
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 ☑ 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 Web site: ▶ www midwestern edu

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

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 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 362,802,145

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

H(a) Is this a group return for affiliates? ☐ Yes ☑ 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 ☑ 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	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,440,575		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	2,433,976		
	e	**Total** (add lines 1a through 1d) (cash $ 3,872,475 noncash $ 2,076)			1e	3,874,551
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	135,007,379
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	3,966,929
	5	Dividends and interest from securities			5	2,909,407
	6a	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	
	8a	Gross amount from sales of assets other than inventory	**(A)** Securities 214,741,263	8a	**(B)** Other	
	b	Less cost or other basis and sales expenses	212,947,486	8b	4,924	
	c	Gain or (loss) (attach schedule)	1,793,777	8c	-4,924	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	1,788,853
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)		9a	217,150	
	b	Less direct expenses other than fundraising expenses		9b	136,949	
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	-25,529
	10a	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	2,191,196
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	149,712,786
Expenses	13	Program services (from line 44, column (B))			13	104,023,452
	14	Management and general (from line 44, column (C))			14	10,764,439
	15	Fundraising (from line 44, column (D))			15	405,102
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	115,192,993
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	34,519,793
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	198,250,881
	20	Other changes in net assets or fund balances (attach explanation)			20	-5,372,688
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	227,397,986

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
22a Grants paid from donor advised funds (attach Schedule) (cash $0 noncash $0) If this amount includes foreign grants, check here ▶ ☐	**22a**				
22b Other grants and allocations (attach schedule) (cash $1,215,690 noncash $0) If this amount includes foreign grants, check here ▶ ☐	**22b**	1,215,690	1,215,690		
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**	3,630,797	2,354,863	1,275,934	
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**	54,828,203	51,479,378	3,155,514	193,311
27 Pension plan contributions not included on lines 25a, b and c	**27**	3,375,552	3,153,332	212,931	9,289
28 Employee benefits not included on lines 25a - 27	**28**	5,724,246	5,157,713	542,852	23,681
29 Payroll taxes	**29**	3,826,228	3,526,775	286,936	12,517
30 Professional fundraising fees	**30**				
31 Accounting fees	**31**	498,348	219,009	279,339	
32 Legal fees	**32**	1,950,321	166,259	1,784,062	
33 Supplies	**33**	1,588,448	1,533,847	50,019	4,582
34 Telephone	**34**	270,394	250,860	19,297	237
35 Postage and shipping	**35**	262,841	216,520	37,404	8,917
36 Occupancy	**36**	1,998,531	1,931,876	66,655	
37 Equipment rental and maintenance	**37**	1,291,700	1,224,426	64,685	2,589
38 Printing and publications	**38**	295,329	204,529	57,503	33,297
39 Travel	**39**	729,445	424,516	299,468	5,461
40 Conferences, conventions, and meetings . .	**40**	844,873	750,680	56,614	37,579
41 Interest	**41**	4,828,303	4,731,192	97,111	
42 Depreciation, depletion, etc (attach schedule)	**42**	8,010,238	7,835,766	174,472	
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**	115,192,993	104,023,452	10,764,439	405,102

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

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

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)

a During the fiscal year ended 6/30/08, Midwestern University provided health sciences education services to approximately 3,199 pre-doctoral students and 241 post-doctoral students 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, Occupational Therapy, Physical Therapy, Physician Assistance, Perfusion Services, BioMedical, Clinical Psychology, Podiatry, Nurse Anesthetist, Dentistry, Optometry, and Graduate Education program in medicine, as well as continuing education for staff and alumni Midwestern University continued its research and training programs with the support of federal and private funding

(Grants and allocations $ 1,215,690) If this amount includes foreign grants, check here ▶ ☐ 104,023,452

b _____

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

c _____

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

d _____

(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) . . . . ▶ 104,023,452

Part IV Balance Sheets *(See the instructions.)*

Note:				(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		9,764	45	9,569
	46	Savings and temporary cash investments		14,184,877	46	10,782,189
	47a	Accounts receivable	6,693,293			
	b	Less allowance for doubtful accounts	1,339,169	4,248,223	47c	5,354,124
	48a	Pledges receivable				
	b	Less allowance for doubtful accounts			48c	
	49	Grants receivable		704,357	49	785,678
	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)	9,833,293			
	b	Less allowance for doubtful accounts	320,049	8,710,928	51c	9,513,244
	52	Inventories for sale or use		26,722	52	33,759
	53	Prepaid expenses and deferred charges		1,184,406	53	1,191,316
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV		145,800,876	54a	158,608,512
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☑ FMV			54b	3,047,012
	55a	Investments—land, buildings, and equipment basis				
	b	Less accumulated depreciation (attach schedule)			55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	294,680,944			
	b	Less accumulated depreciation (attach schedule)	67,904,263	187,098,564	57c	226,776,681
	58	Other assets, including program-related investments (describe ▶ _____)		30,049,775	58	38,283,439
	59	**Total assets** (must equal line 74) Add lines 45 through 58		392,018,492	59	454,385,523
	60	Accounts payable and accrued expenses		14,383,799	60	24,140,311
	61	Grants payable			61	
	62	Deferred revenue		11,072,399	62	13,855,978
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)		138,375,000	64a	159,440,000
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶ _____)		29,936,413	65	29,551,248
	66	**Total liabilities** Add lines 60 through 65		193,767,611	66	226,987,537
		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		192,187,199	67	221,003,941
	68	Temporarily restricted		3,447,054	68	3,642,857
	69	Permanently restricted		2,616,628	69	2,751,188
		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 and column (B) **must** equal line 21)		198,250,881	73	227,397,986
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		392,018,492	74	454,385,523

Assets

Net Assets or Fund Balances

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**	146,498,574
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)	**b4**	-3,356,085		
	Add lines **b1** through **b4**			**b**	-3,356,085
c	Subtract line **b** from line **a**			**c**	149,854,659
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**	-141,873		
	Add lines **d1** and **d2**			**d**	-3,356,085
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	149,712,786

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

a	Total expenses and losses per audited financial statements			**a**	115,964,385
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)	**b4**	771,392		
	Add lines **b1** through **b4**			**b**	771,392
c	Subtract line **b** from line **a**			**c**	115,192,993
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**	115,192,993

Part V-A **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 Additional Data Table				

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**		No
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 the organization? See the instructions for the definition of "related organization" ▶	**75c**		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

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 (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.)*

			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	**76**		No
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	**77**		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
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**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a** 0			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

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?	82a		No
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**			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a** 0			
b	Gross receipts, included on line 12, for public use of club facilities **86b** 0			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a** 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b** 0			
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? If "Yes," complete Part IX	88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b	Yes	
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0			
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		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*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?	89g		

90a 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, 2007 (See instructions) **90b** 1,398

91a 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		No
	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			

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		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)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	TUITION & FEES					113,745,507
b	STUDENT HOUSING					2,243,999
c	POST-DOCTORATE PRG					13,884,940
d	IBHE REVENUE					2,491,064
e	CLINIC REVENUE					2,641,869
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	3,966,929	
96	Dividends and interest from securities . . .			14	2,909,407	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non 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	1,788,853	
101	Net income or (loss) from special events . .			01	-25,529	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a See Additional Data Table					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .				9,659,252	136,178,983
105	**Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					145,838,235

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)
	See Additional Data Table

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
OSTEOPATHIC MANAGEMENT ENT 555 31ST STREET DOWNERS GROVE, IL60515 36-3483456	10000 %	PROFESSIONAL SERVICES	0	0
	%			
	%			
	%			

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	MIDWESTERN UNI HOSPITALS & MEDICAL CTRS 555 31st Street DOWNERS GROVE, IL 60515	362166999	Operating Expenses	169,335
	Totals			169,335

		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	See Additional Data			
b				
c				

		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?		

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: 2010-05-12

Kathleen H Goeppinger PHD President / CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP 5451 LAKEVIEW PARKWAY SOUTH DRIVE INDIANAPOLIS, IN 46268			EIN Phone no (317) 280-3400

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490134002500

SCHEDULE A
(Form 990 or 990EZ)

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

2007

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
KAREN NICHOLS 555 31ST STREET DOWNERS GROVE,IL 60515	DEAN 40 0	304,975	44,959	1,228
JOHN BURDICK 555 31ST STREET DOWNERS GROVE,IL 60515	DEAN 40 0	292,501	44,294	1,088
WILLIAM DEVINE 555 31ST STREET DOWNERS GROVE,IL 60515	FACULTY 40 0	295,332	33,740	0
ANTHONY WILL 555 31ST STREET DOWNERS GROVE,IL 60515	FACULTY 40 0	291,236	37,250	0
RICHARD SIMONSEN 555 31ST STREET DOWNERS GROVE,IL 60515	DEAN 40 0	262,788	36,459	1,268
Total number of other employees paid over $50,000 ▶	303			

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
DWL ARCHITECTS INC 2333 N CENTRAL PHOENIX,AZ 85014	ARCHITECTUAL	2,326,324
MIDWEST PHYSICIANS GROUP 20110 GOVERNORS HIGHWAY OLYMPIA FIELDS,IL 60461	PHYSICIAN SERVICES	485,454
Locke Lord Bissell AND Liddell LLP 115 S LaSalle Street CHICAGO,IL 60603	LEGAL	440,905
ERNST AND YOUNG LLP 233 S WACKER DRIVE CHICAGO,IL 60604	ACCOUNTING	389,529
TOWERS PERRIN 71 SOUTH WACKER STREET CHICAGO,IL 60606	LEGAL FEES	374,439
Total number of others receiving over $50,000 for professional services ▶	20	

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
CHANEN CONSTRUCTION 3300 N THIRD ST PHOENIX,AZ 33967	GENERAL CONTRACTOR	18,147,990
IKON OFFICE SOLUTIONS CENTRAL DISTRICT POBOX 802566 CHICAGO,IL 60680	COPY CENTER	1,097,971
CHARTWELLS DINING SERVICE PO BOX 91337 CHICAGO,IL 60693	FOOD SERVICES	727,314
SECURITAS SECURITY SEV USA INC 4330 PARK TERRACE DRIVE WESTLAKE VILLAGE,CA 91361	SECURITY SERVICES	627,704
Metro Cleaning Company 8349 W Desert Spoon PEORIA,AZ 85383	JANITORIAL SERVICES	556,226
Total number of other contractors receiving over $50,000 for other services ▶	11	

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, 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 ▶$ 200,424 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	Yes	
	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 property?	2a		No
b	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
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)	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
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	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	Yes	
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
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			
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			

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 331/3%** 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 331/3%** 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? Yes	(d) No	(e) Amount of support?
Total				▶	

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?	31	Yes	

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

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 "

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?	34b		No

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	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	**41**		
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			
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) ▶	**(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	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		200,424
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines **c** through **h.**)			200,424

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

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

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	136,454	MWU PROPERTIES CORP	EMPLYS/BNFTS CHRGD AT 100%TIME
51c	1,116,917	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? ☑ **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

Additional Data

Software ID:
Software Version:
EIN: 36-3377698
Name: Midwestern University

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a INSURANCE EXPENSE	43a	3,068,123	2,110,313	957,810	
b ADVERTISING & PROMOTIONS	43b	101,094	84,616	12,548	3,930
c CONSULTING	43c	556,753	196,878	359,875	
d FOOD & EMPLOYEE MEALS	43d	535,408	513,577	19,624	2,207
e OTHER PURCHASED SERVICES	43e	4,497,616	4,287,671	193,786	16,159
f DUES & SUBSCRIPTIONS	43f	613,704	544,597	65,557	3,550
g LICENSES & PERMITS	43g	259,677	247,542	12,135	
h EDUCATION EXPENSE	43h	798,152	797,914	238	
i OTHER OPERATING EXPENSE	43i	386,103	527,449	-142,315	969
j STUDENT COUNCIL	43j	192,429	192,429		
k BANK SERVICE CHARGES	43k	1,299,976	791,260	507,345	1,371
l RECRUITMENT EXPENSE	43l	480,572	327,791	152,781	
m TRAINING & WORKSHOPS	43m	459,525	267,851	147,477	44,197
n CLINICAL FACULTY SERVICES	43n	3,058,656	3,058,656		
o STUDENT HOUSING EXPENSES	43o	1,934,242	1,934,242		
p BOOKS & PERIODICALS	43p	1,149,808	1,148,994	677	137
q MAINTENANCE & REPAIRS	43q	146,949	134,297	12,652	
r GRADUATION EXPENSE	43r	363,096	360,958	1,016	1,122
s ORIENTATION EXPENSE	43s	46,078	46,078		
t BAD DEBT EXPENSE	43t	75,545	73,108	2,437	

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
WILLIAM D ANDREWS 555 31ST STREET DOWNERS GROVE,IL 60515	CHAIRPERSON/TRUSTEE 0 5	0	0	0
SR ANNE C LEONARD 555 31ST STREET DOWNERS GROVE,IL 60515	VICE CHAIRPERSON/TRUSTEE 0 5	0	0	0
GERRIT A VAN HUISSTEDE 555 31ST STREET DOWNERS GROVE,IL 60515	SECRETARY/TREASURER/TRUSTEE 0 5	0	0	0
JEAN L BAXTER 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
MICHAEL J BLEND PHD DO 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
FRANK J DILEO 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
JOHN H FINELY DO 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
GRETCHEN R HANNAN 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
JOHN LADOWICZ 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
ALEXANDER IRVINE 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	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
KEVIN D LEAHY 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
MADELINE R LEWIS DO 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
ROBERT M LOCKHART PHD 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
W JAY LOVELACE 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
PAUL M STEINGARD DO 555 31ST STREET DOWNERS GROVE,IL 60515	TRUSTEE 0 5	0	0	0
KATHLEEN H GOEPPINGER PHD 555 31ST STREET DOWNERS GROVE,IL 60515	PRESIDENT/CEO/TRUSTEE 40 0	648,977	167,072	33,078
ARTHUR G DOBBELAERE PHD 555 31ST STREET DOWNERS GROVE,IL 60515	ASSISTANT SECRETARY/COO 40 0	582,377	44,132	8,229
GREGORY G GAUS 555 31ST STREET DOWNERS GROVE,IL 60515	ASSISTANT TREASURER/CFO 40 0	455,011	45,794	5,425
DEAN P MALONE 555 31ST STREET DOWNERS GROVE,IL 60515	VP BUSINESS SERV 40 0	276,230	39,356	1,609
George T Caleel DO 555 31st Street Downers Grove,IL 60615	VP Clinical Education 40 0	211,084	19,332	28,958

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 D JOHNSON 555 31ST STREET DOWNERS GROVE,IL 60515	VP UNIVERSITY RELATIONS 40 0	232,010	31,185	1,278
MARY LEE 555 31ST STREET DOWNERS GROVE,IL 60515	VP PHARMACY & HEALTH SCIENCE 40 0	340,757	44,959	1,175
DENNIS PAULSON 555 31ST STREET DOWNERS GROVE,IL 60515	VP DENTAL & MEDICAL 40 0	323,886	42,500	1,700
ANGELA MARTY 555 31ST STREET DOWNERS GROVE,IL 60515	VP HUMAN RESOURCES & ADMIN 32 0	134,229	29,554	2,178

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
MIDWESTERN UNIVERSITY PROPERTIES CORPORATION	X	
MIDWESTERN UNIVERSITY FOUNDATION	X	
MIDWESTERN UNIVERSITY HOSPITALS & MEDICAL CENTER	X	
OSTEOPATHIC MANAGEMENT ENTERPRISES INC		X

Form 990, Part VII, Line 103 - Other revenue:

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	
a WASH MACHINE REV			03	17,264	
b LIBRARY SRVC REV			03	218,529	
c MISCELLANEOUS REV			01	415,218	
d BOOKSTORE			03	58,258	
e VENDING MACHINES			03	9,171	
f MEAL PLAN REVENUE			03	280,486	
g ALUMNI ASSOC DUES					8,725
h CONVENIENCE CHARGE			03	4,872	
i FITNESS PRGRM REV			03	2,425	
j INTRST STUD LOANS					144,836
k PENALTY CHARGES			01	1,042	
l LATE CHARGES			01	3,574	
m PARKING FINES			01	1,950	
n CO-FND FACULTY REV					980,713
o RETURNED CHECK FEE			01	625	
p STD SICK VISIT REV					37,330
q COPY CENTER REV			03	6,178	

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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	CLASSES AND CLINICAL REFRESHERS INSTRUCT AND DISSEMINATE
93B	HOUSING ALLOWS STUDENTS AND THEIR FAMILIES TO LIVE IN AN ON-
93C	POST-DOCTORATE PROGRAM RELATES TO REIMBURSEMENT OF THE
93D	PER CAPITA REVENUE FROM STATE OF ILLINOIS FOR EVERY
93E	CLINIC REVENUE IS FROM THE WELLNESS CENTER, OMM, AND FAMILY
103K	LOAN INTEREST IS RECEIVED FROM STUDENTS
103O	CO-FUNDED FACULTY REVENUE RELATES TO THE SHARING OF THE COST
103H	ALUMNI ASSOCIATION DUES ARE RECEIVED FROM MEMBERS OF THE
103Q	MIDWESTERN UNIVERSITY STUDENT SICK VISIT REVENUE

Form 990, Part XI, line 107:

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	MIDWESTERN UNIVERSITY FOUNDATION 555 31st Street Downers Grove, IL 60515	363955804	Salaries	48,069
	MIDWESTERN UNIVERSITY FOUNDATION 555 31st Street Downers Grove, IL 60515	363955804	Fringe Benefits	9,800
	MIDWESTERN UNIVERSITY FOUNDATION 555 31st Street Downers Grove, IL 60515	363955804	Accounting-audit Fees	35,004
	MIDWESTERN UNIVERSITY FOUNDATION 555 31st Street Downers Grove, IL 60515	363955804	Lender Related Fees	191,577
	MIDWESTERN UNIVERSITY FOUNDATION 555 31st Street Downers Grove, IL 60515	363955804	Other Operating Expense	24,246
	MIDWESTERN UNIVERSITY FOUNDATION 555 31st Street Downers Grove, IL 60515	363955804	Student Rebates on Loans	1,192,053
	MIDWESTERN UNIVERSITY FOUNDATION 555 31st Street Downers Grove, IL 60515	363955904	Excess Interest	1,357,765
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Salaries	119,858
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Fringe Benefits	16,596
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Food	1,598
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Copier Fees	302
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Purchased Services-other	47,065
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Conference Fees	1,229
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Postage	10
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Licenses and Permits	190
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Other Operating Expense	1,126
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Property Taxes	63,386
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Non-Capital Furnishing	3,367
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Maintenance Supplies	37,240
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Utilities	166,596
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Telephone	328
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Maintenance Repairs	213,443
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Maint Service Contract	20,750
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Depreciation	498,183
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Interest Expense	37,165
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	Insurance Expense	25,239
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	HOUSING REVENUE	1,593,206
	MWU PROPERTIES CORPORATION 555 31st Street Downers Grove, IL 60515	363377699	MISCELLANEOUS REVENUE	15,480
	Totals			5,720,871

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TY 2007 Cash Grants Paid Schedule

Name: Midwestern University

EIN: 36-3377698

Class of Activity	Recipient's name	Address	Amount	Relationship
	STUDENT SCHOLARSHIPS AWARDS AND GR	555 31st Street Downers Grove, IL 60515	1,046,355	NONE
	Midwestern University Hospital and	555 31ST STREET DOWNERS GROVE, IL 60515	169,335	N/A

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TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	Midwestern University
EIN:	36-3377698
Gross Sales Price:	214,741,263
Basis:	212,947,486
Sales Expenses:	
Total (net):	1,793,777

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TY 2007 General Explanation Attachment

Name: Midwestern University

EIN: 36-3377698

Identifier	Return Reference	Explanation
Depreciation	Part II Line 42 and 57	Fixed Assets and Depreciation Expense ---------- ---------- Description Book Value Buildings 207,829,375 Equipment 29,585,983 C onsturction in Progress 45,063,408 Land 12,202,178 TOTAL 294,680,944 Less Accumulated Dep reciation (67,904,263) Total Buildings & Equipment - Net 226,776,681 Depreciation Expense 8,010,238 *Depreciation expense w as calculated using the straight-line method of depreciat ion over the estimated useful lives of the assets and allocated based upon the usage

Identifier	Return Reference	Explanation
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, 2007 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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Tax Exempt Bonds	Part IV, Line 64a - Tax Exempt Bond Liabilities	IDA GLENDALE AZ SERIES 2004 10,635,000 UNEXPENDED PROCEEDS 2,216 THIRD PARTY PERCENTAGE 3 29 PURPOSE The proceeds from the sale of these bonds w ere used to refund partial princi pal amount for Series 1998A bonds and to pay certain expenses incurred in connection w ith issuance of the 2004 bonds IDA GLENDALE AZ-2001A, SERIAL 1,415,000 UNEXPENDED PROCEEDS 2 6 THIRD PARTY PERCENTAGE 1 58 PURPOSE Pay for the costs of acquiring, constructing, reno vating, remodeling, and equipping the educational facilities Also, pay for certain expens es incurred in connection w ith issuance of the 2001A bonds IL DA SERIES 2001B, SERIAL 1,9 60,000 UNEXPENDED PROCEEDS NONE THIRD PARTY PERCENTAGE 1 62 PURPOSE Pay for the costs o f acquiring, constructing, renovating, remodeling, and equipping the educational facilitie s Also, pay for certain expenses incurred in connection w ith issuance of the 2001B bonds IDA GLENDALE AZ-2007, SERIAL 42,250,000 UNEXPENDED PROCEEDS NONE THIRD PARTY PERCENTAGE 2 27 PURPOSE The proceeds from the sale of these bonds w ere used to refund all of the Se ries 1996A & B Bonds, advance refund in principal amount of the Series 1998B, 2001A, and 2 001B Bonds Also, to pay certain costs of issuance of the Series 2007 Bonds IDA GLENDALE AZ-2007, DUE 2031 20,580,000 UNEXPENDED PROCEEDS NONE THIRD PARTY PERCENTAGE 2 27 PURPOS E Pay for the costs of acquiring, constructing, renovating, remodeling, and equipping the educational facilities Also, pay for refunding prior bond series, and issuance cost of t he 2007 bond series IDA GLENDALE AZ-2008, SERIAL 28,600,000 UNEXPENDED PROCEEDS NONE THI RD PARTY PERCENTAGE 1 70 PURPOSE The proceeds from the sale of these bonds w ere used to refund all of the Series 1998A, and 1998B Bonds, and to pay certain costs of issuance of t he Series 2008 Bonds IDA GLENDALE AZ COMMERCIAL PAPER REVENUE NOTES 54,000,000 UNEXPENDE D PROCEEDS NONE THIRD PARTY PERCENTAGE NONE PURPOSE Partially fund projects associated w ith campus expansions w ith campus expansions ---------- 159,440,000 ========== =

Identifier	Return Reference	Explanation
Form 926 - Changes to Form 926	Form 926 Return by a U S Transferor of Property to a Foreign Corporation	Transferor's Name Midwestern University Transferor's EIN 36-3377698 Transferee's Name Hatteras Multi Strategy Offshore Inst Fund LDC Transferee's EIN 98-0522264 General Explanation Attachment Form 926 - Changes to Form 926 As of December 2008, Form 926 was changed Due to a technology issue, the new Form 926 is unavailable for the purposes of filing a 2007 Form 990 Listed below are the new questions presented in the new Form 926 and Midwestern University's answers to these questions New Question 1d 1d Have basis adjustments under section 367(a)(5) been made? NO New Question 9 9 Enter the Transferors interest in the foreign corporation before and after the transfer (a) Before _____0__ % (b) After _ _____Various__ % New Question 11 11 Indicate whether any transfer reported in Part III is subject to any of the following a Gain recognition under section 904(f)(3) NO b Gain recognition under section 904(f)(5)(F) NO c Recapture under section 1503(d) NO d Exchange gain under section 987 NO New Question 13 13 Was the transferor required to recognize income under Temporary Regulations sections 1 367(a)-4T through 1 367(a)-6T for any of the following a Tainted property NO b Depreciation recapture NO c Branch loss recapture NO d Exchange gain under section 987 NO New Question 14 14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? NO New Question 15a and 15b 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1 367(a) - 1T(d)(5) (iii)? NO 15b If the answer to line 15a is "Yes", enter the amount of foreign goodwill or going concern value transferred $ __N/A__ New Question 16 16 Was cash the only property transferred? YES

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TY 2007 Other Assets Schedule

Name: Midwestern University

EIN: 36-3377698

Description	Beginning of Year Amount	End of Year Amount
DEFERRED COMPENSATION ASSETS	470,144	438,412
DUE FROM AFFILIATES	20,935,395	28,672,446
DEFERRED BOND ISSUANCE COSTS	3,645,276	3,330,840
OTHER LONG TERM ASSETS		227,369
SELF INSURANCE ASSETS	4,890,238	5,614,372

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TY 2007 Other Changes in Net Assets Schedule

Name: Midwestern University

EIN: 36-3377698

Description	Amount
UNREALIZED LOSS - INTEREST RATE	335,556
LOSS ON BOND REFINANCE	1,051,528
UNREALIZED LOSS ON INVESTMENTS	3,985,604

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TY 2007 Other Expenses Included Schedule

Name: Midwestern University

EIN: 36-3377698

Description	Amount
SPECIAL EVENT EXPENSE	136,949
LOSS FROM SALE OF OTHER ASSETS	4,924
EXPENSE REIMBURSEMENTS	629,519

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TY 2007 Other Liabilities Schedule

Name: Midwestern University

EIN: 36-3377698

Description	Beginning of Year Amount	End of Year Amount
OTHER CURRENT LIABILITIES	6,276,135	1,805,233
DEFERRED COMPENSATION	470,144	438,412
ACCRUED GRANT LIABILITIES	14,097,226	13,235,304
INT RATE PROTECTION AGREEMENT	842,116	1,177,672
OTHER LONG TERM LIABILITIES	8,250,792	8,023,175
SELF-INSURANCE LIABILITIES	0	4,871,452

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TY 2007 Other Notes/Loans Receivable Short Schedule

Name: Midwestern University

EIN: 36-3377698

Category/Name	Amount
STUDENT LOANS RECEIVABLE	9,833,293

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TY 2007 Other Revenues Included Schedule

Name: Midwestern University

EIN: 36-3377698

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-3,985,604
EXPENSE REIMBURSEMENTS	629,519

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TY 2007 Other Revenues Not Included Schedule

Name: Midwestern University

EIN: 36-3377698

Description	Amount
SPECIAL EVENT EXPENSE	-136,949
LOSS FROM SALE OF OTHER ASSETS	-4,924

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TY 2007 Special Events Schedule

Name: Midwestern University

EIN: 36-3377698

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
ANNUAL AZ GOLF TOURNAMENT	12,825	63,705	12,825	31,641	-18,816
ANNUAL IL GOLF TOURNAMENT	8,080	25,730	8,080	19,220	-11,140
BRIGHT LIGHTS DANCE	90,515	127,715	90,515	86,088	4,427

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TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: Midwestern University
EIN: 36-3377698

Item No.	1
Name of Issue	
Purpose	IDA Glendale AZ Series 2004
Amount Outstanding	10635000
Unexpeded Bond Proceeds	2216
Third Party Use	Yes
Space Percentage	3.29 %
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	
Purpose	IDA Glendale AZ-2001A, Serial
Amount Outstanding	1415000
Unexpeded Bond Proceeds	26
Third Party Use	Yes
Space Percentage	1.58 %
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	
Purpose	IL DA Series 2001B, Serial
Amount Outstanding	1960000
Unexpeded Bond Proceeds	0
Third Party Use	Yes
Space Percentage	1.62 %
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	4
Name of Issue	
Purpose	IDA GLENDALE AZ-2007, SERIAL
Amount Outstanding	42250000
Unexpeded Bond Proceeds	0
Third Party Use	Yes
Space Percentage	2.27 %
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	5
Name of Issue	
Purpose	IDA GLENDALE AZ-2007, DUE 2031
Amount Outstanding	20580000
Unexpeded Bond Proceeds	0
Third Party Use	Yes
Space Percentage	2.27 %
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	6
Name of Issue	
Purpose	IDA GLENDALE AZ-2008, SERIAL
Amount Outstanding	28600000
Unexpeded Bond Proceeds	0
Third Party Use	Yes
Space Percentage	1.7 %
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	7
Name of Issue	
Purpose	IDA Glendale AZ COMMERCIAL PAPER Revenue Notes
Amount Outstanding	54000000
Unexpeded Bond Proceeds	0
Third Party Use	Yes
Space Percentage	0 %
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

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TY 2007 Non Electing Public Charities Statement

Name: Midwestern University

EIN: 36-3377698

Statement: MISCELLANEOUS CONTACTS WITH LEGISLATORS REGARDING MATTERS OF GENERAL INTEREST.

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TY 2007 Explanation of Receipt or Revocation of Government Financial Aid

Name: Midwestern University

EIN: 36-3377698

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

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TY 2007 Scholarship Award Statement

Name: Midwestern University

EIN: 36-3377698

Statement: 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.

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TY 2007 Self Dealing Statement

Name: Midwestern University

EIN: 36-3377698

Line Number	Explanation
2b	MR. GERRIT A. VAN HUISSTEDE IS PRESIDENT AND CEO OF WELLS FARGO BANK, N.A., AND THE SECRETARY, TREASURER AND CHAIRMAN OF THE FINANCE COMMITTEE FOR THE BOARD OF TRUSTEES OF MIDWESTERN UNIVERSITY. WELLS FARGO BANK PROVIDES CREDIT, BANKING AND INVESTMENT SERVICES TO THE UNIVERSITY AND IS THE TRUSTEE ON BONDS ISSUED BY A RELATED ORGANIZATION.
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 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 $7,940,862 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. MR ALEXANDER IRVINE IS 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.
2d	SEE FORM 990, PART V. ADDITIONALLY, VARIOUS BOARD MEMBERS ARE REIMBURSED FOR TRAVEL EXPENSES ASSOCIATED WITH ATTENDANCE AT BOARD MEETINGS.