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DLN: 93493133049600

Form **990**

Department of the Treasury

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)

2008

OMB No 1545-0047

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

Open to Public

IIILEIIIAI			<u> </u>					Tusbection	
			endar yea	r, or tax year beginning 07-0 C Name of organization	01-2008 and ending 06-30-2009)	D Employer ide	ntification number	
			Please	Doane College					
	dress ch	lange	ıse IRS abel or	Doing Business As			47-0377991 E Telephone number		
Na	me cha		orint or type. See	,			-		
In:	tıal retu	rn S	Specific Instruc-		x if mail is not delivered to street addres	ss) Room/suite	(402) 826-2 G Gross receipt		
☐ Te	minatio		ions.	1014 Boswell Ave			d dross recapt	3 φ 02,173,077	
┌ Am	nended	return		City or town, state or country,	and ZIP + 4				
┌ _{Ap}	plication	n pending		Crete, NE 68333					
			F Nan	ne and address of Principal	Officer	Wa\	<u> </u>		
				an Brand	o meer	affiliat	s a group return tes?	Tor	
				3oswell Ave NE 68333					
—————————————————————————————————————	ıx-exem	npt status) (3) ◄ (insert no))(1) or 527		affiliates include		
					1)(1) (1) (1) (2)			See instructions)	
J W	eb sit	e: 🕨 www o	doane edi	u		H(c) Grou	p Exemption Nu	mber 🕶	
<u></u>			. Comorat	tion trust association oth		Veer of Fee		State of legal domicile NE	
Кіур	e or org	ganization j	Corporat	tion trust association oth	er 🕨	L Year of For	mation 1872 M	State of legal domicile. NE	
Pa	rt I			. ,					
	1			e organization's mission or	-				
క					nquiry, enhance knowledge, and i	promote exan	nination and dev	elopment of values	
₫		and persp	ectives t	through majors and the liber	ai aits				
E E	2	Chack the	s boy \Box	if the organization discontin	ued its operations or disposed of	fmore than 2	E% of its assets		
Governance			,						
	3		_		ody (Part VI, line 1a)		_		
8	4			_	governing body (Part VI, line 1b)	_	35 1,172	
Ĕ	5			nployees (Part V, line 2a)					
Activities &	6			olunteers (estimate if neces:			_		
٠.				ited business revenue from i iness taxable income from F	Part VIII, line 12, column (C)	•	/a _ 7b	-168,537 -169,868	
	B	Net unier	ated busi	mess taxable income from F	offil 990-1, fille 34	Deia	or Year	,	
	8	Contribu	itions and	6,412,115	Current Year 5,319,697				
ā	9			d grants (Part VIII, line 1h) revenue (Part VIII, line 2g)		21,690,038	30,706,946		
Ravenue	10	•		me (Part VIII, mie 29)		6,015,122	-675,597		
歪	11			art VIII, column (A), lines!		29,022	314,974		
	12		•	, , , , , , , , , , , , , , , , , , , ,	equal Part VIII, column (A), line	,	23,022	314,574	
		12)			,,		34,146,297	35,666,020	
	13	Grants a	and simila	ar amounts paıd (Part IX, co	lumn (A), lines 1–3)			9,262,606	
	14	Benefits	paid to o	or for members (Part IX, colu	ımn (A), line 4)			0	
ø,	15		, other co	ompensation, employee ben	efits (Part IX, column (A), lines 5	-	16 712 012	10 127 224	
Expenses		10)			(4)		16,712,012	18,127,324	
<u>₹</u>	16a			Iraising fees (Part IX, colum				0	
짚	Ь	•		penses, Part IX, column (D), line 2	•				
	17			(Part IX, column (A), lines 1			11,941,505	10,957,327	
	18				al Part IX, line 25, column (A))		28,653,517	38,347,257	
. 07	19	Revenue	e less exp	penses Subtract line 18 fro	m line 12		5,492,780	-2,681,237	
Not Assets or Fund Balances							ng of Year	End of Year	
ege.	20	Total as	sets (Par	rt X, line 16)		:	149,646,390	134,851,866	
A.A.	21	Total lıa	bilities (F	Part X, line 26)			8,150,141	7,602,137	
<u> </u>	22	Net ass	ets or fun	nd balances Subtract line 2:	1 from line 20		141,496,249	127,249,729	
Pa	rt II	Signa	ture Blo	ock					
					ned this return, including accompanying				
Dia.		l.		correct, and complete Declaration	of preparer (other than officer) is based	1		er has any knowledge	
Please Sign		****** Signati	* ure of office	er		2010- Date	05-03		
Her		1:				5410			
			SCHMIDT T or print nam						
		 			Date C	heck if	Preparer's PTIN (See Gen Inst \	
اد: D		Preparer's signature	DAVID	A ELLINGSON	s	elf-	Tropalers FIIN (occ och moc)	
Paid	aror'o	-	r	- L DANIZ E COLE - FOLIA		mpolyed 🕨 🦳			
Use !	arer's Onlv	Firm's nam if self-emp	ne (or yours oloyed),	-	P		EIN Þ		
J 36	Unity		nd ZIP + 4	1248 O STREET SUITE 500			Disament in the second	03) 470 0300	
				LINCOLN, NE 68508			Phone no 🕨 (4	•	
Мау	the IR	S discuss	this retu	ırn with the preparer shown a	bove? (See instructions)			✓ Yes No	

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

1	Briefly describe the organization's mission				
	To offer an academic curriculum to stimulate in the liberal arts	quiry, ehance knowledge	e, and promote examination	on and development of values and	perspectives through majors and
2	Did the organization undertake any sit the prior Form 990 or 990-EZ?		ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?		t changes in how it co	nducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1)	trusts are required to	report the amount of grants	
4a	(Code) (Expenses \$	24,187,381	including grants of \$	9,262,606) (Revenue \$	26,545,878)
	Instructional Services Student to faculty rational services Student to faculty rational services and 1711 graduate students	o on the Crete campus II this year, 800 students	s 11 1, serving 909 studen graduated in the 2008-200	ts The Lincoln and Grand Island ca 19 academic year	ampuses served 765
4b	(Code) (Expenses \$ Student services Includes admissions, regist		including grants of \$) (Revenue \$) and student leadership
4c	(Code) (Expenses \$ Auxiliary Enterprises The College residence halls provide housing for 860 Crete campus s	halls, campus activity ce	ıncludıng grants of \$ nter, and bookstore are th) (Revenue \$ e primary auxiliary enterprises sen) ving the campus Six residence
	(Code) (Expenses \$	1,686,055	including grants of \$) (Revenue \$)
4d	Other program services (Describe ii		£ .h) (D • v • • · · • •	
	(Expenses \$	including grants o	<u> </u>) (Revenue \$)
4e	Total program service expenses \$	34,256,35	4 Must equal Part IX	(, Line 25, column (B).	

Part IV	Checkli	ist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[3]{3}$	10	Yes	
			165	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> " <i>Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο

Pa	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	4,788			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.	V	
3 -	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,172			
b	If at least one is reported in 2a, did the organization file all required federal employr Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	\circ	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	- 55	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	- 1	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?	I . .		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?		<u> </u> 	-		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	[?] .		9b		
10	Section 501(c)(7) organizations. Enter	ı	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A.	Governing	Body a	and Manage	ement

						Yes	NO	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	cribe the c	ırcumstances,				
1a	Enter the number of voting members of the governing body	1a		37	,			
Ь	Enter the number of voting members that are independent	1b		35	;			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		Νο	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•			. 3		No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets? \cdot .							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						Νο	
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rotherpe	rsons?	7b		Νo	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaker	during the				
а	the governing body?				8a	Yes		
Ь	each committee with authority to act on behalf of the governing body?				8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			, ,	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the				10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,			11		No	

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NE, CO
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Julie Schmidt 1014 Boswell Ave

Crete, NE 68333

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

		(C) Position (check all that apply)					(E)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornier	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				Н						
				$\vdash\vdash$						
1b Total			<u>. </u>	<u>. </u>			>	809,897	7 (104,498
2 Total number of individuals (including	those in 1	a) who	recel			e thai	n ¢ 1			1

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►6

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		-	163	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo Inc & Affiliates 1014 Boswell Crete, NE 68333	Food Service	1,382,698
Hastings & Chivetta Architects 700 Corporate Park Drive Saint Louis, MO 63105	Architect Fees	995,495
Kingery Construction 201 N 46th Lincoln, NE 68503	Construction	409,682
Performa Higher Education 1698 Westbrook Ave Burlington, NC 27215	Consulting	367,131
Asset Management Group 6501 E Belleview Ave Englewood, CO 80112	Investment Counseling	322,762
2 Total number of independent contractors (including those from the organization	e in 1) who received more than \$100,000 in compensation	6

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					, ,
nts ots	ь	Membership d	lues					
Contributions, gifts, grants and other similar amounts			1b					
s, ç	С	Fundraising ev	vents 1c					
無無	d	Related organ	ızatıons1d					
°, c ⊞	e	Government gran	nts (contributions) 1e	1,200,986				
r Sí	f	All other contribut	tions, gifts, grants, and	4,118,711				
te e		sımılar amounts r	not included above					
H C	g	Noncash cont	ributions included in					
a Ö		lınes 1a-1f \$						
	h	Total (Add lin	es 1a-1f)		5,319,697			
				Business Code				
nue	2a	Net tuition and fe	ees	611,600	26,114,864	26,114,864		
еле	b	Auxiliary enterpris	se	611,600	4,182,691	4,182,691		
4H o	с	Other program se	ervices	611,710	409,391	409,391		
rwc	d							
33 35	e		_					
i lia	f	All other prog	ram service revenue					
Program Service Revenue	g	Total. Add line	es 2a-2f					
	3	► \$ 30,706,94		donds interest				
			icome (including dividence amounts)	İ	2,504,760		6,113	2,498,647
				▶	, ,]		,	
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
				(II) Personal				
	6a	Gross Rents	7,336					
	Ь	Less rental expenses	3,727					
	С	Rental income or (loss)	3,609					
	d		ome or (loss)		3,609		3,609	
			(ı) Securities	(II) O ther				
	7a	Gross amount	23,319,736	(II) O tilel				
		from sales of assets other						
	١.	than inventory	26,500,093					
	b Less cost or other basis and	26,500,093						
	С	sales expenses Gain or (loss)	-3,180,357		-			
	d	Net gaın or (lo	L		-3,180,357		-184,922	-2,995,435
				. ▶				
	8a	Gross income events (not in	from fundraising					
ψ			27,660					
둢		of contribution	ns reported on line					
eve		1c) See Part <i>Attach Schedul</i>	le G if total exceeds					
ά.		\$15,000	a					
Other Revenue	ь	Less directe	xpensesb	6,037				
ŏ	С	Net income or	(loss) from fundrais	ing events	21,623			21,623
	9a	Gross income	from gaming	-				
		activities See Complete Sche	e part IV , line 19					
		exceeds \$15,00						
			а					
	Ь		xpensesb					
	С	Net income or	(loss) from gaming a	activities -				
	10a		f inventory, less					
		returns and al						
	L	Lara 1 -	ad					
	b c	Less cost of	goods sold b (loss) from sales of	ınventory►	289,742		6,663	283,079
		Miscellaneou		Business Code	200,712		0,003	233,073
	11a	scananeou		22233 2046				
	ь			 				
	c							
		A.D. 72						
	d	All other reve						
	12	Total Pevenus	es 11a-11d e. Add lines 1h, 2g, 3	4 5 6d 7d	35,666,020	30,706,946	-168,537	-192,086
		8c,			,555,525		200,007	152,000
]	9c, 10c, and 1	11e	. •				Form 990 (2008)
								corm wwil (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,262,606	9,262,606		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	413,658		413,658	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,647,661	12,950,465		680,122
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	438,069	359,776	43,542	34,751
9	Other employee benefits	1,573,335	1,349,706	143,426	80,203
10	Payroll taxes	1,054,601	920,086	88,244	46,271
11	Fees for services (non-employees)				
а	Management				
b	Legal	33,495		33,495	
С	Accounting	20,653		20,653	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	626,308	592,438	15,924	17,946
12	Advertising and promotion	231,737	57,921	170,267	3,549
13	Office expenses	1,854,278	1,590,638	171,037	92,603
14	Information technology	317,105	266,145	50,960	
15	Royalties				
16	Occupancy	1,525,701	1,456,175	69,526	
17	Travel	1,155,909	1,030,529	44,029	81,351
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	87,908	50,442	34,473	2,993
20	Interest	104,801	104,801		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,146,496	1,934,892	211,604	
23	Insurance	82,223	55,347	24,595	2,281
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Food Service	1,269,606	1,269,606		
b	Repairs & Maintenance	741,092	714,240	24,776	2,076
c	Membership/Subscription	169,711	62,954	103,489	3,268
f	All other expenses	590,304	227,587	361,591	1,126
25	Total functional expenses. Add lines 1 through 24f	38,347,257	34,256,354	3,042,363	1,048,540
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 999 (2008)

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		_		beginning or year	1	Lift of year
	2	Savings and temporary cash investments		•		4,077,503	2	1,264,493
	3	Pledges and grants receivable, net		3,774,776	3	5,563,044		
	4	Accounts receivable, net	•	•		2,309,369	4	2,113,788
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		• emp	oloyees or		5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of 3	ection				6	
	7	Notes and loans receivable, net	scrieu •	uie L		1,411,767	7	1,312,214
	8	Inventories for sale or use					8	<u></u>
S.	9	Prepaid expenses and deferred charges		_			9	
et	10a			-			_	
Assets		Land, buildings, and equipment cost basis	10a		62,371,977			
	b	Less accumulated depreciation Complete Part VI of	10Ь		25,172,822	38,324,317	100	37,199,155
	44	Schedule D	TOB		25,172,022	73,609,599		55,271,114
	11	·	• •	•	•	24,922,096	11	29,327,575
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>		24,922,096	12	29,327,575		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 (Section 2) and the section 2 (Section 2) and th$			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1,216,963	15	2,800,483		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				149,646,390	16	134,851,866
	17	Accounts payable and accrued expenses .	1,111,864	17	819,326			
	18	Grants payable			18			
	19	Deferred revenue		1,140,785	19	1,362,831		
	20	Tax-exempt bond liabilities				2,473,957	20	2,290,000
ē.	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Εij		persons Complete Part II of Schedule L			22			
_	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D		3,423,535	25	3,129,980		
	26	Total liabilities. Add lines 17 through 25				8,150,141	26	7,602,137
		Organizations that follow SFAS 117, check here ▶	lete li	nes	27			
ě		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				53,472,582	27	50,407,405
<u>ස</u>	28	Temporarily restricted net assets		7,414,590	28	37,965,587		
귤	29	Permanently restricted net assets				80,609,077	29	38,876,737
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	e					
S O.	30	Capital stock or trust principal, or current funds					30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund					31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu		-	-		32	
Net /	33	Total net assets or fund balances				141,496,249		127,249,729
Ž	34	Total liabilities and net assets/fund balances				149,646,390	34	134,851,866
Pa	rt XT	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

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As Filed Data -

DLN: 93493133049600

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Doane	Colleg	e						47	027700			
Da	τI	Reason for Public Charity Status (to be completed by all organizations) (See Instructions)										
				ation because it is (Please					1113ti uct	.10113)		
1				nurches, or association of ch					(A)(i).			
2	<u></u>	•		tion 170(b)(1)(A)(ii). (Attac				(-)(-)	/(-/-			
3	Ė			e hospital service organizati		•	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	,	•	·	zation operated in conjuncti			-		• •		•	
-	•		name, city, and	•					(-/(-/	(,(,-		
5	Г				universit	v owned o	r operated	by a gove	ernmental	unit desc	ribed in	
_	•		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Г			overnment or governmental	unit descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Ĺ.	•	· -	ally receives a substantial p						n the aene	ral public	:
-	•			o)(1)(A)(vi) (Complete Par		. ч.р	u go.o.			go		•
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9	Ē		•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	, and gro	ss
	·	receipts fro	om activities rel	ated to its exempt functions	-subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	\sqcap	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	ses of
				orted organizations describe						Section 5	09(a)(3).	. Check
		the box tha		type of supporting organiza		omplete li - Function			h d	Γ τ _{νη} ς	III - Otl	
e	\vdash	•	• •	rtify that the organization is			-					
_	,	•		agers and other than one or			•			•	•	
		section 50	9(a)(2)									
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	ation,
g		check this		as the organization accepted	d any gift	or contribi	ution from	any of the	1			1
9		following pe		as the organization accepto	a a, g	01 00111111	4	u., o	•			
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	<u> </u>
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports					
		_	/m> ===:	,,,,,,								
					l `	ou notify	l	s the	(vii) Am			
(nization		above or IRC section	_	listed in		nization) of your		rganized	supp	011
(See Instructions)) your governing support?				ort?		US?						
		document?										
		Yes No Yes No Yes No										
										I		

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) or	ganızatıons complete Part III			
Name of the organization Doane College			Employer iden	ntıfıcatıon number
			47-0377991	
	ed by all organizations exempt (See the instructions for Schedule		n 501(c) and section	527
1 Provide a description of th	ie organization's direct and indirect po	litical campaign act	tivities in Part IV	
2 Political expenditures				\$
3 Volunteer hours				
Part I-B To be complete for Schedule C for	ed by all organizations exempor details.)	ot under section	n 501(c)(3). (See the	instructions
1 Enter the amount of any e	xcise tax incurred by the organization	under section 4955	5	\$
2 Enter the amount of any e	xcıse tax ıncurred by organızatıon man	agers under sectio	n 4955	\$
3 If the organization incurre	d ın a section 4955 tax, did it file Forn	n 4720 for this year	ر ې	┌ Yes ┌ No
4a Was a correction made?				┌ Yes ┌ No
b If "Yes," describe in Part				
Part I-C To be complete (See the instruct	ed by all organizations exempous for Schedule C for details.)	ot under section	n 501(c), except sect	tion 501(c)(3).
1 Enter the amount directly	expended by the filing organization for	section 527 exemp	ot function activities	\$
2 Enter the amount of the fil 527 exempt funtion activi	ıng organızatıon's ınternal funds contrı tıes	buted to other orga	nizations for section	\$
Total of direct and indirect 1120-POL, line 17b	t exempt function expenditures Add III	nes 1 and 2 and ent	ter here and on Form	\$
4 Did the filing organization	file Form 1120-POL for this year?			┌ Yes ┌ No
were made Enter the amo political contributions rec	es and Employer Identification Numbe unt paid and indicate if the amount was eived and promptly and directly delive cal action committee (PAC) If additio	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0-
	tice, see the instructions for Form 99			

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768	
	Check If the filing organization	belongs to an affili	ated group					
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		olly	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)				
ь	Total lobbying expenditures to influe	Total lobbying expenditures to influence a legislative body (direct lobbying)						
c	Total lobbying expenditures (add lin	es 1a and 1b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures	(add lines 1c and 1	d)					
f	Lobbying nontaxable amount Entercolumns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000				
	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						
	Grassroots nontaxable amount (ente	er 25% of line 1f)						
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a					
i	Subtract line 1f from line 1c Enter -	0- ıflıne fıs more t	han line c					
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h o	r line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No	
	(Some organizations tha columns below.		on 501(h) el	ection do not	have to cor		he five	
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period			
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
_2a	Lobbying non-taxable amount							
	Lobbying ceiling amount (150% of line 2a, column(e))							
	: Total lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2008

	•			
Part II-B	To be completed by organizations exempt under section 501(c)(3)	that I	nave NOT fil	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedul	e C fo	r details.)	
				· · ·

		(a)		(b)	
		Yes	No	A mount	
•	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV	Yes		6,126	
j	Total lines 1c through			6,126	
	11				
а	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo		
b	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
a T	+ TIL-A. To be completed by all organizations exempt under section $501(c)(4)$ s	ection	501/6	\(5\ or	

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

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying Activities	Doane College is a member of the Association of Independent Colleges and Universities of Nebraska and the National Association of Independent Colleges and Universities A portion of the dues paid to these organizations goes towards lobbying federal and state government in support of independent colleges and universities

1 \$

Part IV Supplemental II	Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that

Open to Public

•	ment of the Treasury	answered "Yes," to Fo	orm 990, Part IV, lii	ne 6, 7, 8, 9, 10, 11, or :	12.	Inspect	
	me of the organi	zation			Employer identif	ication numbe	er
Doa	ane College				47-0377991		
Pa		izations Maintaining Donor Ac				nts. Complet	te if the
	organiz	zation answered "Yes" to Form 99		advised funds	(h) Funds an	d other accou	nts
L	Total number a	t end of vear	(a) Bollot	advised idilas	(b) i and an	a other accou	
2		tributions to (during year)					
3	33 3	nts from (during year)					
1		e at end of year					
5	Did the organiz	zation inform all donors and donor advi grganization's property, subject to the			or advised	☐ Yes	
5	Did the organiz	ration inform all grantees, donors, and haritable purposes and not for the ben private benefit?	donor advisors in v	riting that grant funds	may be	☐ Yes	┌ No
Pa		rvation Easements. Complete	ıf the organizatio	n answered "Yes" to	o Form 990, Part	: IV, line 7.	
L	Preservati Protection	conservation easements held by the or ion of land for public use (e g , recreati of natural habitat ion of open space	· ·	all that apply) Preservation of an Preservation of ce	' '	•	a
2	•	2a-2d If the organization held a quali of the tax year	ıfıed conservatıon c	ontribution in the form		easement at the End of	the Year
а	Total number	of conservation easements			2a		
b		restricted by conservation easement	c		2b		
c		nservation easements on a certified hi		ludod in (a)	2c		
d				• •	2d		
		nservation easements included in (c) a	•				
3		servation easements modified, transfe	errea, releasea, exti	nguisnea, or terminate	d by the organizati	on auring	
	the taxable yea	1 F					
1	Number of stat	es where property subject to conserva	ation easement is lo	ocated 🟲			
5	_	nization have a written policy regarding the conservation easements it holds?		oring, inspection, viola	ations, and	☐ Yes	┌ No
5	Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing	easements during the	year ►		
7	A mount of expe	enses incurred in monitoring, inspectii	ng, and enforcing ea	asements during the ye	ear ► \$		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	2(d) above satisfy t	he requirements of sec	tion	☐ Yes	☐ No
•	balance sheet,	escribe how the organization reports co and include, if applicable, the text of t on's accounting for conservation easen	the footnote to the o		•	•	
ar		izations Maintaining Collectio ete if the organization answered '			or Other Simila	r Assets.	
La	art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held t XIV, the text of the footnote to its fin	for public exhibitio	n, education or researd	:h ın furtherance of		e,
b	historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for j owing amounts relating to these items	public exhibition, ed			•	
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	luded in Form 990, Part X			- \$	27	77,665
2	If the organizat	tion received or held works of art, historics are duried to be reported under SFA:				ovide the	
а	Revenues inclu	uded in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

3	Using the organization's accession and othe								ontinuea)
	items (check all that apply)			_	-	-			
а	Public exhibition		d	Γ	Loan or exc	hange programs	5		
b	Scholarly research		e	Γ	Other				
С	▼ Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y further the	organızatıon's e	xempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	✓ No
Pai	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the orga		vered "Yes" to F	Form 9	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions	or other assets	not Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е						
							A mo	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,							
Pa	rt V Endowment Funds. Complete								
_		(a)Current Year	(b)Prior	Year (c)T	wo Years Back (d	Three Years Back (e) Four Y	'ears Back
1a	Beginning of year balance	85,091,276							
b	Contributions	1,279,747							
C	Investment earnings or losses	-11,369,031							
d	Grants or scholarships	1,875,210							
е	Other expenditures for facilities and programs	2,368,509							
f	Administrative expenses								
g	End of year balance	70,758,273							
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment 🕨	9 000 %							
b	Permanent endowment 🕨 91 000 %								
c	Term endowment ▶								
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition	thata	are held and a	admınıstered for	the .	Yes	No
	(i) unrelated organizations						3a(i)	Yes	
	(ii) related organizations						3a(ii) Yes	<u> </u>
	If "Yes" to 3a(II), are the related organizatio						3b		<u></u>
4	Describe in Part XIV the intended uses of th								
Pa	t VI Investments—Land, Buildings	s, and Equipme	nt. S				<u> </u>		
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land					582,882	<u>.</u>		582,882
b	Buildings					47,896,289	14,226,675		33,669,614
c	Leasehold improvements					952,199	300,897		651,302
d	Equipment		•			12,662,942	10,645,250		2,017,692
	Other					277,665			277,665
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B), line	10(c).)				37,199,155
							Schedule D (Form 9	990) 2008

investments—Other Securities. See	FORM 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivatives and other financial products		Cost of char of year market value
Closely-held equity interests		
Other Certificates, CD's & deposits	9,123,494	
other Alternative investments		
ther Real Estate	13,697,540	
ther Real Estate	6,506,541	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	29,327,575	
art VIII Investments—Program Related. Se	e Form 990 Part X line 13	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II	no 1F	
(a) Descri		(b) Book value
(2) 2 3 3 3		(=,====================================
otal. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
nnuities Payable	1,781,301	
eposits held in custody for others	93,787	
efundable federal advances for student loans	1,254,892	
otal (Column (h) should agual Form 000, Part V, col (P) line 35	2455555	
<code>fotal.(Column(b)should equal Form 990, Part X, col(B) line 25) 🖡</code>	3,129,980	

Second S	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,666,020
Net unrealized gans (losses) on investments 5	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,347,257
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,681,237
Newstment expenses	4	Net unrealized gains (losses) on investments	4	-11,565,283
7 Pror period adjustments 7	5	Donated services and use of facilities	5	
Solution Part XIV Solution Part XIV Solution Part XIV Solution Part XIV Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XIV Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XIV Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XIV Part XII Part XI	6	Investment expenses	6	
Secretary Add Innes 4 - 8 Secretary Add Innes 4 -	7	Prior period adjustments	7	
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -14,246,520	8	Other (Describe in Part XIV)	8	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9	Total adjustments (net) Add lines 4 - 8	9	-11,565,283
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-14,246,520
A mounts included on line 1 but not on Form 990, Part VIII, line 12	Par		er R	eturn
Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	15,608,966
b Donated services and use of facilities 2b 4 7 7 8 5 5 3	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4 4 4 4 4 4 4 4 4 4 4 4 4 2 20,827,889 3 3 3,6,436,855 4 4 4 2 -20,827,889 3 3 3,6,436,855 4 -20,827,889 3 3 3,6,436,855 4 -20,827,889 3 3 3,6,436,855 4 -20,827,889 3 3 3,6,436,855 4 -20,827,889 3 3 3,6,436,855 4 -20,827,889 3 3 3,6,436,855 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,827,889 4 -20,828 -20,828 -20,828 -20,828 -20,828 -20,828 -20,828 -20,828 </th <th>а</th> <th>Net unrealized gains on investments</th> <th></th> <th></th>	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d -9,262,606 4 2e -20,827,889 3 3 36,436,855 3 36,436,855 3 36,436,855 3 36,436,855 3 36,436,855 3 36,436,855 3 36,436,855 3 36,436,855 3 36,436,855 3 36,436,855 4 36<	b	Donated services and use of facilities		
4 In Ine 2a through 2d 2e -20,827,889 3 Subtract line 2e from line 1 3 36,436,855 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c -770,835 b Other (Describe in Part XIV) 4b -770,835 4c -770,835 c Add lines 4a and 4b 5 5 35,666,020 35,666,020 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 29,855,486 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 b Prior year adjustments 2a 4 4 c Losses reported on Form 990, Part IX, line 25 2c 4 770,835 d Other (Describe in Part XIV) 2d 770,835 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 29,084,651 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4 4c 9,262,60	c			
3 Subtract line 2e from line 1 3 36,436,855 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 4 4 4 4 4 4 4 4 4	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	-20,827,889
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b -770,835 c Add lines 4a and 4b	3		3	36,436,855
b Other (Describe in Part XIV) 4b -770,835 4c -770,835 c Add lines 4a and 4b 4c -770,835 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 35,666,020 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 29,855,486 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 1 29,855,486 a Donated services and use of facilities 2a .	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b 4c -770,835 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 35,666,020 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 29,855,486 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 2a 1 29,855,486 a Donated services and use of facilities 2a <th< th=""><th>а</th><th></th><th></th><th></th></th<>	а			
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b			
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements				· · · · · · · · · · · · · · · · · · ·
Total expenses and losses per audited financial statements				<u> </u>
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities			Ι .	
Donated services and use of facilities			-	29,855,480
b Prior year adjustments 2b 4 c Losses reported on Form 990, Part IX, line 25 2c 2c d Other (Describe in Part XIV) 2d 770,835 e Add lines 2a through 2d 2e 770,835 3 Subtract line 2e from line 1 3 29,084,651 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 3 29,084,651 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIV) 4b 9,262,606 c Add lines 4a and 4b 4c 9,262,606				
c Losses reported on Form 990, Part IX, line 25 2c	_		1	
d Other (Describe in Part XIV) 2d 770,835 e Add lines 2a through 2d 2e 770,835 3 Subtract line 2e from line 1 3 29,084,651 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a b Other (Describe in Part XIV) 4a 9,262,606 c Add lines 4a and 4b 4c 9,262,606	_		1	
e Add lines 2a through 2d			1	
3 Subtract line 2e from line 1	e		2e	770,835
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)			3	
b Other (Describe in Part XIV)	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а			
c Add lines 4a and 4b	b	Other (Describe in Part XIV)	1	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	c		4c	9,262,606
	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	38,347,257

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part III, Line 4		Doane's art collection, consisting of paintings, drawings, sculptures, and other artwork, has been assembled and displayed to give Doane students and faculty access to and inspiration from the works of professional artists
Part V , Line 4	Description of Intended Use of Endowment Funds	The Doane College endowment fund was established by donor contributions to support scholarships for students and to maintain quality faculty, programs, and facilites, in perpetuity
		Part X - The College has elected to defer the provisions of FIN 48, "Accounting for Income Taxes," under the provisions of FSP FIN 48-3 Part XII, Line 2d Scholarships to Doane Students (9,262,606) Part XII, Line 4b Rental Expenses (3,727) Bookstore cost of goods sold (767,108) (770,835) Part XIII, Line 2d Scholarships to Doane Students 9,262,606 Part XIII, Line 4b Rental Expenses 3,727 Bookstore cost of goods sold 767,108 770,835

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

OMB No 1545-0047

2008

Open to Public

oane	e College 47-0377991			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain		,	
	The general public has been made aware of the racially non- discriminatory policies of the College through the use of media including College brochures and publications	3	Yes	
	Does the organization maintain the following?	40	Yes	
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	46 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νo
Ь	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	o Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
ь	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either 6a or b, please explain using an attached statement			
,	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	7	Yes	

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DLN: 93493133049600

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2008

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public **Inspection**

	ne of the organization ne College					Employer ide	entification number
						47-037799	
Pa		r mation on Ac 990, Part IV, Iır		de the United States	s. Complete	e if the orgar	nization answered
1	For grantmakers. Do	es the organiza	ition maintain r	ecords to substantiate	the amount	of the grant	s or
	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward
	the grants or assistar	nce					┌ Yes ┌ No
2	For grant makers. Descr United States	ıbe ın Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	nt funds outsid	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in region
Euro	ope	0	0	Program Services	Higher Educ	atıon	42,206
— Tota	als ▶						42,206

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

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	1	1				l	

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 47-0377991

Name: Doane College

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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DLN: 93493133049600

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Nevenue Service						Inspection
Name of the organization					Employer ider	tification number
Doane College					47-0377991	
Part I Fundraising Ac	tivities. Complet	e if the oi	rganizat	ion answered "Yes"	to Form 990. Part IV	. line 17.
1 Indicate whether the orga	•				·	, <u></u>
a Mail solicitations	ilization raiseu lulius	tinoughai	ily of the		non-government grants	
b Email solicitations				· <u> </u>	government grants	
c Phone solicitations				g Special fundrais	-	
d In-person solicitations	5			, , , , , , , , , , , , , , , , , , , ,	.	
2a Did the organization have or key employees listed in			•	` _		Γ _{Yes} Γ _{No}
b If "Yes," list the ten highe to be compensated at leas						
		(iii) fundrais			(v) A mount paid to	
(i) Name of Individual	,	custo		(iv) Gross receipts	(or retained by)	(vi) A mount paid to
or entity (fundraiser)	I (III) A ctivity	control of		from activity	fundraiser listed in	(or retained by) organization
		contributions?		-	col (i)	organization
		Yes	No			
Total				1		1

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					report	ed
			(a) Event #1 Spring Cleanup	(b) Event #2 High School Track Meets	(c) O ther Events 1 (total number)	(d) Tot (Add col co		
			(event type)	(event type)	(total number)			
E E	1	Gross receipts	13,663	8,962	5,035		2	7,660
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	13,663	8,962	5,035		27	7,660
	4	Cash Prizes						
Ses	5	Non-cash Prizes			335			335
Expenses	6	Rent/Facility costs			3,315			3,315
ற 5	7	Other direct expenses	715	650	1,022			2,387
Direct	8	Direct expense summary Add line	s 4 through 7 in column	(d)			(6,037
	9	Net income summary Combine lin	es 3 and 8 in column (d)		•		2:	1,623
Par	t III	Gaming. Complete if the ore \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
_	1	Gross revenue						
- Se	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
ے	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	•			
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain			 .	· 9a	Yes	No
_		<i>,</i> ,						
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11	Doe	es the organization operate gaming a	ctivities with nonmembe	rs?		11		
12		he organization a grantor, beneficiar		a member of a partnersh	ıp or other entity			

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493133049600

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule I

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

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

Open to Public Inspect ion Employer identification number

Doane College						47-0377991	
Part I General Infor	mation on Gra	nts and Assistance	 }			17 0377331	
1 Does the organization m	aintain records to s ed to award the grai	substantiate the amount	of the grants or assista		ıbılıty for the grants or as		∀Yes ┌ N
Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se organizations			•		•		
							•
For Paperwork Reduction Act No				Cat No 500551			hedule I (Form 990) 2008

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Schoarships for Crete campus students	886	9,262,606	0	N/A	N/A

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

See	Additiona	al Data Table

Ident if ier	Return Reference	Explanation
Other Information		Part 1, Line 2 All scholarships and grants are awarded to students based on superior academic or athletic achievement and financial need. These scholarships and grants are posted directly to the student's account to be applied against charges for tuition, fees, room, and board.

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As Filed Data -

DLN: 93493133049600

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

ın Part III

Name of the organization

Internal Revenue Service

Compensation Information

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

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

2008 No 1545-0047

Open to Public Inspection

Doa	ne College	47-0377991			
Pa	rt I Questions Regarding Compensatio				
	Questions Regarding compensation	•		Yes	No
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First class or charter travel	✓ Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	✓ Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee	nat apply Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		No
Ь	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of				
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes." describe			

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Jonathan Brand	(ı) (ıı)	191,690		8,000	12,069	30,616	242,375	62,475
Julie Schmidt	(I) (II)	167,085			10,148	2,514	179,747	49,191
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Supplemental Information		Part 1, Question 1a - Travel for companions The President's spouse occasionally travels to College events when having a significant role in the success of the event Part 1, Question 1a - Residence for personal use The College requires the President to live on campus in order to carry out the roles and required official duties of the President This housing is provided and maintained by the College Part II, Column B(III), Other reportable compensation \$8,000 taxable dependent care reimbursement Part II, Column D, Nontaxable benefits Johnathan Brand Julie Schmidt Health Insurance 14,470 0 Life Insurance 54 54 Disability Insurance 492 420 Housing Allowance 12,000 0 Medical Reimbursement 3,600 2,040 Total 30,616 2,514 Part II, Column F Amount reported on prior 990 on fiscal year basis, current 990 on calendar year basis, therefore 1-1-08 to 6-30-08 earnings reported both years
	L	
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Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

DLN: 93493133049600

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization

Doane College

47-0377991

Part I **Bond Issues** (Required for 2008) (h) O n (a) Defeased Behalf of (c) CUSIP # (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (d) Date Issued (e) Issue Price Issuer Yes No Yes No NE Educational Finance Authority Refund prior issue dated 2-15-99. Refunding Revenue Bonds Series 52-1293953 05-13-2004 3.125.634 to construct and equip new Χ Х 2004 residence hall NE Educational Finance Authority Capital improvement & acquistion Educational Loan Note Series 2009 52-1293953 05-01-2009 10,000,000 of educational facilities in Х Χ Crete/Lincoln Part II Proceeds (Optional for 2008) В C D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion No Yes No Yes No Yes No Yes Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? **Private Business Use** (Optional for 2008) C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493133049600

OMB No 1545-0047

OMB No 1545-002

2008

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Transactions with Interested Persons

Name of Doane Coll	f t he organizat ion ollege					Eı	mploy	er ide	ent if ica	tion n	umber	
						4	7-037	799	1			
Part I										7 Dort	V line	40h
	To be completed by organization		15 Wereu Tes	S" ON FORM 990, Pail IV	, IIIie ∠	5a 01 251), OI F	2 11110	190-62		v, line c) Corre	
1	(a) Name of disqualifie	d person		(b) Des	cription	n of transa	action				Yes	No.
			L							\dashv	Tes	NO
										=		
sect	er the amount of tax imposed on tion 4958 er the amount of tax, if any, on lir							•	\$ \$			
Part II	Loans to and/or From To be completed by organiza				IV <u>, line</u>	e 26, or F	orm 9	90-E	Z, <u>Part</u>	V, line	e 38a	
(a) N :	ame of interested person and purpose	(b) Loan from t organiza	n to or the	(c)O riginal principal amount		ance due	(e) In default?		(f) Approved by board or committee?		(g)Wi	
		То	From	<u> </u>			Yes	No	Yes	No	Yes	No
		+			 						\vdash	
Total .				> \$								
Part III		Benefittiı	ing Intere	sted Persons	90, Pa	art IV, lır	ne 27					
(a	a) Name of interested person) Relationship	p between interested pe d the organization		,			nt or ty	pe of a	assistai	nce

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
Earl Wright President CEO of Ass	Trustee	,	Asset Management Group serves as Doane College's Investment consultant		Νο
John P Nelson Chairman Silverston	Trustee	,	Silverstone Group provides insurance and consulting for Doane College		No
				-	

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DLN: 93493133049600

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Internal Revenue Service Name of the organization Doane College

Employer identification number

47-0377991

Pa	rt I Types of Property			•				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	- etermı	nıng	
1	Art—Works of art	аррисавіс		-9				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	11	35,028	FMV			
10	Securities—Closely held stock $. $							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			
							Yes	No
30a	During the year, did the organizathold for at					 		
	least three years from the date of	of the initial	contribution, and which is	not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
ь 31	If "Yes", describe the arrangement			roviow of any non-standard	contributions?	31	Yes	
	Does the organization have a gif	•		·			163	
	Does the organization hire or use contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes", describe in Part II							
33	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							
For P	aperwork Reduction Act Notice, see	the Instruct	tions for Form 990	Cat No 512271	Schedule	M (For	m 990'	2008

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Part 1, Line 32b The College uses outside brokers to sell stock Third Party Use Part I, Line 32b donations Part 1, Column (b) Doane College is reporting the number of contributions received

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Doane College

47-0377991

Employer identification number

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Academic support Includes the college library, technology services, academic Dean's office and support for all academic divisions. Expenses \$ 1686055. including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 10		The Form 990 and related schedules are provided in PDF format to the Audit Committee of the Board for review, discussion, and revision, if necessary Upon completion of this process, the Form 990 and related schedules are posted to a secure website for review by the entire Board of Trustees prior to filing						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The College's conflict of interest policy is distributed annually to all College employees and all members of the Board of Trustees This policy must be reviewed, signed and returned to the Human Resource Office for review and filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Human Resource Office obtained comparable salary information from 9 peer institutions as well as salary surveys conducted by the College and University Personnel Association and the Association of Independent Colleges and Universities of Nebraska for key employees of the College. This data was compiled and forwarded to the Executive Committee of the Board of Trustees. The Executive Committee reviewed and discussed salaries and determined appropriate salary levels for the key employees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The College's governing documents and financial statements are made available to the public upon request The College's conflict of interest policy is published in the employee handbook which is available on the College's website, or upon request. The College's 990 is available upon request, or on the Web at www guidestar org

ldentifier	Return Reference	Explanation								
Part XI, Line 2c		The college's financial statement audit is reviewed by an audit committee annually. This process has not changed from prior years								

Software ID: Software Version:

EIN: 47-0377991 **Name:** Doane College

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
Marıan Andersen , Trustee	1 00	Χ						0	0	0
Jack Barker , Trustee	1 00	Х						0	0	0
Richard Bartlett , Trustee	1 00	Х						0	0	0
John Bauer , Trustee	1 00	Х						0	0	0
Patrick Beans , Trustee	1 00	Х						0	0	0
C Donald Brodie , Trustee	1 00	Х						0	0	0
Barbara Cole , Trustee	1 00	Х						0	0	0
Donn Crilly , Trustee	1 00	Х						0	0	0
Raymond Croghan , Trustee	1 00	Х						0	0	0
Vernon Daniels , Trustee	1 00	Х						0	0	0
George Drake , Trustee	1 00	Х						0	0	0
Kenneth Fridich , Trustee	1 00	Х						0	0	0
Tonı Ganzel , Trustee	1 00	Х						0	0	0
Richard Gibson , Trustee	1 00	Χ						0	0	0
William Griffin , Trustee	1 00	Х						0	0	0
George Haddıx , Trustee	1 00	Х						0	0	0
Edward Heilman , Trustee	1 00	Х						0	0	0
Dick Held , Trustee	1 00	Х						0	0	0
Daniel Jackman , Trustee	1 00	Х						0	0	0
Ken James , Chair	1 00	Х		Х				0	0	0
James Keene III , Trustee	1 00	Х						0	0	0
Eugene Klingler Jr , Trustee	1 00	Х						0	0	0
Kenneth McCumber , Trustee	1 00	Х						0	0	0
John Nelson , Trustee	1 00	Х						0	0	0
Allison Petersen , Secretary	1 00	Х		Χ				0	0	0
Dean Petersen , Trustee	1 00	Х						0	0	0
Kım Robak , Trustee	1 00	Х						0	0	0
Lısa Yanney Roskens , Trustee	1 00	Х						0	0	0
Enrique Sanchez , Trustee	1 00	Х						0	0	0
Paul Schelstraete , Trustee	1 00	Χ						0	0	0

Form 990, Part VII - Section Aaa

i offit 990, Part VII - Section Aa										
(A) Name and Title	(B) Average hours per week		tion a Institutional Trustee	chec)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jill Smith , Vice Chair	1 00	Х		Х				0	0	0
John Vasak , Trustee	1 00	Х						0	0	0
Lois Weyers , Trustee	1 00	Х						0	0	0
Earl Wright , Trustee	1 00	Х						0	0	0
Dennıs Nelson , Trustee	1 00	Х						0	0	0
Pat Mahar , Trustee	1 00	Х						0	0	0
Otis Young , Trustee	1 00	Х						0	0	0
Jonathan Brand , President	40 00			Χ				199,690	0	42,685
Julie Schmidt , Treasurer	40 00			Х				167,085	0	12,662
Janice Hadfield , Dean	40 00					Х		125,377	0	13,436
Maureen Franklın , Vıce President	40 00					Х		110,077	0	15,638
Kımberly Jacobs , Vıce President	40 00					Х		105,842	0	7,411
Marılyn Johnson-Farr , Professor	40 00					Х		101,826	0	12,666