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990 m

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)

benefit trust or private foundation)

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

2010

OMB No 1545-0047

Open to Public Inspection

		2010 calend	dar year, or tax year beginning 07-01-2010 and ending 06-30-2011		Inspection
		C N	Name of organization	D Employer	identification number
		change	Ooane College	47-0377	991
┌ Nai	me cha	ange D	Doing Business As	E Telephone	number
┌ Init	ial reti	urn	Number and street (or P O box if mail is not delivered to street address) Room/suite	1	
┌ Ter		1	.014 Boswell Ave	(402) 82	
			City or town, state or country, and ZIP + 4 Crete, NE 68333	G Gross recei	pts \$ 71,552,015
, , , ,	Jucatio		F Name and address of principal officer H(a) is this a		
			Jonathan Brand	a group return for affi	liates? Yes V No
			1014 Boswell Ave Crete, NE 68333 H(b) Are all	affiliates included	Yes No
			If "N		t (see instructions)
I Ta	x-exer	mpt status	7 501(c)(3)	p exemption r	umber 🟲
J W	ebsit	e: ► www.do	pane edu		
K For	n of o	rganization 🔽	Corporation	rmation 1872	M State of legal domicile NE
Pa	rt I	Summa	ıry		
Governance		closely with	un exceptional liberal arts education in a creative, inclusive, and collaborative collaboration collaborative coll	ual inquiry, eth	nical values, and a
			oting members of the governing body (Part VI, line 1a)	3	34
Activities &			ndependent voting members of the governing body (Part VI, line 1b)		33
Ĭ			er of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,230
Ş	6	Total numbe	er of volunteers (estimate if necessary)	6	60
	7a	Total unrela	ted business revenue from Part VIII, column (C), line 12	7a	102,537
	ь	Net unrelate	d business taxable income from Form 990-T, line 34	7b	65,614
			Prio	r Year	Current Year
g,	8	Contributi	ons and grants (Part VIII, line 1h)	6,076,000	4,542,125
Revenue	9	_	ervice revenue (Part VIII, line 2g)	33,672,116	37,761,752
Ř.	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	2,596,229	4,028,066
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line	369,347	379,758
	12			42,713,692	46,711,701
	13	Grants an	d sımılar amounts paid (Part IX, column (A), lines 1-3)	10,419,560	11,446,905
	14		aid to or for members (Part IX, column (A), line 4)	0	0
83	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-	18,620,043	19,517,948
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)	0	0
ੜੇ	ь	Total fundra	ısıng expenses (Part IX, column (D), line 25) ▶1,225,388		
	17		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,628,547	13,573,379
	18	Total expe	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,668,150	44,538,232
	19	Revenue I	ess expenses Subtract line 18 from line 12	2,045,542	2,173,469
Not Assets or Fund Balances			·	of Current ear	End of Year
iege Tege	20	Total asse		145,768,450	166,787,133
A AS	21		lities (Part X, line 26)	10,614,879	17,123,978
žĒ	22			135,153,571	149,663,155
Pai	rt II	Signatu	ıre Block		
know		and belief, it	ry, I declare that I have examined this return, including accompanying schedules and s is true, correct, and complete. Declaration of preparer (other than officer) is based on		
Sign		Signature	of officer Da	nte	
Here			HMIDT Treasurer Firnt name and title		
		Print/Type		Check if self-	PTIN
Paid		preparer's nan	ne KERRY GUSTAFSSON KERRY GUSTAFSSON DANA F COLE & COMPANY LLP	employed 🕨 🦵	
Prepa	arer		5 1248 O STREET SUITE 500		Firm's EIN
Use (i iiiii s address			Phone no • (402) 479- 9300
			LINCOLN, NE 68508		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

Pali		nedule O contains a res	•			৮
1	Briefly describe th	e organization's missioi	า			
unde	•	ate students preparing	•	•	ative community where facu iquiry, ethical values, and a	ty and staff work closely with committment to engage as
2	=		ant program se	ervices during the year	r which were not listed on	
	the prior Form 990					┌ Yes ┌ No
		hese new services on S				
3	Did the organization services?	n cease conducting, or	make sıgnıfıcar	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Sched	lule O			
4	Section 501(c)(3)		tions and secti	on 4947(a)(1) trusts a	largest program services bare required to report the an service reported	•
4a	(Code) (Expenses \$	27,173,050	including grants of \$	11,446,905) (Revenue \$	32,447,068)
		Student to faculty ratio on t ,293 graduate students this			ents The Lincoln and Grand Island 11 academic year	campuses served 764
4b	(Code) (Expenses \$	5,513,514	ıncludıng grants of \$) (Revenue \$)
	Student services Incl	udes admissions, registrar, st	udent health, cour	nseling, financial aid, careei	development, sports & recreation	n, and student leadership
4c	(Code) (Expenses \$	4,741,499	ıncludıng grants of \$) (Revenue \$)
		The College residence halls, for 833 Crete campus studer		enter, and bookstore are the	e primary auxiliary enterprises ser	ving the campus Six residence
4d	Other program se	rvices (Describe in Sch	nedule O) See	also Additional Data f	or Description	
	(Expenses \$	1,946,661 ind	cluding grants o	of\$) (Revenue \$)
4e	Total program ser	vice expenses►\$	39,374,72	24		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school 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 United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
_	1a 4,790			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νο
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?) DD		-
	1. 105 to fine 54 of 55, and the organization me form 5000-1	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
al.	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
^		8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club]		
	facilities]		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	- · · ·			
h	Enter the amount of reserves the organization is required to maintain by the states			
,	in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		140
_	,			

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

Check if Schedule O contair							

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u>Re</u>	venue Code.)			T
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	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		
Se	ction C. Disclosure			
17				

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.

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
- 20 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

	(A) Name and Title	(B) Average hours	1	tion (II		Rep comp	(D) ortable ensation m the	(E) Reportable compensation from related		(F) Estimat amount of			
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	ration (W- 9-MISC)	organizations (W- 2/1099- MISC)	,	from forganizat relat organiza	the ion and ed		
See A	Additional Data Table															
							-									
1b	Sub-Total			<u>. </u>	l	٠.		<u> </u>								
С	Total from continuation sheet					<u> </u>	*									
d	Total (add lines 1b and 1c)							F		994,011		0		109,100		
2	Total number of individuals (in \$100,000 in reportable compe	cluding but not lin	nıted to	thos	e lıs) who	receive	d more tha	n	!				
													Yes	No		
3	Did the organization list any f o	ormer officer, direc	torort	ruste	e, k	ey e	mplov	ee, o	r highes	t compens	ated employee		1 - 2 -	<u> </u>		
	on line 1a? <i>If</i> "Yes," complete S						•	•				3		No		
4	For any individual listed on line	e 1a, is the sum o	f report	able (comi	pens	ation	and o	other co	mpensatior	ı from the					
	organization and related organ	ızatıons greater tl	nan \$15	50,00	07 1	f "Y	es," co	mple	te Sched	ule J for suc	ch					
	ındıvıdual			•	•	•		•				4	Yes			
5	Did any person listed on line 1 services rendered to the organ		-						_	anization o	r individual for •	5		No		
<u> </u>	ection B. Independent Co	ntractors														
1	Complete this table for your five \$100,000 of compensation from	ve highest comper		ndep	ende	ent o	ontra	ctors	that red	eived more	e than					
		(A)								D	(B)		(C			
Hawk	Kins Construction	lame and business ad	ıress							Descr	iption of services	-+	Comper	isation		
	Deer Park Blvd									Construction			11	,287,341		

(A) Name and business address	(B) Description of services	(C) Compensation
Hawkins Construction 2516 Deer Park Blvd Omaha, NE 68508	Construction	11,287,341
Sodexo Inc & Affiliates 1014 Boswell Crete, NE 68333	Food Service	1,548,257
Weitz Company 440 N 8th Street Ste 110 Lincoln, NE 68508	Construction	666,546
Performa Higher Education 1698 Westbrook Ave Burlington, NC 27215	Consulting	415,673
Asset Management Group 6501 E Belleview Ave Englewood, CO 80112	Investment Counseling	327,989
Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►8) who received more than	

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
詩	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
₽Š	c	Fundraising events	1c					
# <u>_</u>		Related organizations						
<u>∞</u> . <u>≡</u>		Government grants (contributions)		1,710,452				
등 교								ļ
5 2		similar amounts not included above	e	2,831,673				
늍	g	Noncash contributions included in I	ines 1a-1f \$	449,142				
လွ ခြ	h	Total. Add lines 1a-1f			4,542,125			
				Business Code				
EII.	2a	Net hodge and force						
84 84	ь	Net tuition and fees Auxiliary enterprise		611600		31,860,761 5,345,648		
	c	Other program services		611710	555,343			
Ē. B	d				000/010	555,515		
Program Service Revenue	e							
ja Ja	f	All other program service re	venue					
Š		T-A-1 Add love 2- 26	_		27.764.752			
		Total. Add lines 2a-2f .			37,761,752			
		Investment income (including and other similar amounts)	•		2,402,303		10,325	2,391,978
	4	Income from investment of tax-ex			<u> </u>		,	
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents	7,691					
	ь	Less rental expenses	3,745					
	c	Rental income	3,946					
	d	or (loss) Net rental income or (loss)	.		3,946		3,946	
		, , , , , , , , , , , , , , , , , , , ,	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	26,453,213					
	ь	Less cost or	24,827,450					
		other basis and sales expenses						
		Gain or (loss)	1,625,763					
		Net gain or (loss)			1,625,763		81,090	1,544,67
Other Revenue	Oa	Gross income from fundraisi (not including \$ of contributions reported on See Part IV, line 18	line 1c)					
ihe		lana diminto	a	24,701				
ō	l	Less direct expenses . Net income or (loss) from fu		9,119	15,582			15,582
			activities See Part IV, line 19 . a		-5,502			
			· · · · · · · · · · · · ·	ь				
	l	Net income or (loss) from ga						
	10a	Gross sales of inventory, les returns and allowances						
		loco contefeed to	a	360,230				
	l	Less cost of goods sold . Net income or (loss) from sa			360,230		7,176	353,054
	<u> </u>	Miscellaneous Revenue	nes of inventory	Business Code	300,230		,,1,0	233,03
	11a							
	Ь							
	_							
								
		Total. Add lines 11a-11d						
		. J	· · · · · · · · · · · · · · · · · · ·					
	12	Total revenue. See Instructi	ons		46,711,701	37,761,752		4,305,28
						Fo	rm 990 (20	110)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_ A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D)	
	ot include amounts reported on lines 6b, o, 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	11,446,905	11,446,905		
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	467,671		467,671	
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	15,727,947	13,803,719	1,175,902	748,326
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	510,772	445,444	43,751	21,577
9	Other employee benefits	1,694,313	1,410,350	222,018	61,945
10	Payroll taxes	1,117,245	966,061	101,434	49,750
а	Fees for services (non-employees) Management				
b	Legal	22,871		22,871	
c	Accounting	19,627		19,627	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	904,332	745,978	107,126	51,228
12	Advertising and promotion	191,892	53,223	133,698	4,971
13	Office expenses	2,079,395	1,815,050	111,833	152,512
14	Information technology	494,474	347,194	147,280	
15	Royalties				
16	Occupancy	1,532,677	1,462,833	69,844	
17	Travel	1,300,483	1,093,279	83,480	123,724
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,940	56,691	20,899	350
20	Interest	482,881	482,881		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,685,079	2,468,697	216,382	
23	Insurance	89,440	71,837	15,199	2,404
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Food Service	1,479,129	1,479,129		
b	Repairs & Maintenance	924,140	888,002	34,039	2,099
c	Uncollectible Accounts	738,607		738,607	
d	Membership/Subscription	145,757	68,053	74,114	3,590
е					
f	All other expenses	404,655	269,398	132,345	2,912
25	Total functional expenses. Add lines 1 through 24f	44,538,232	39,374,724	3,938,120	1,225,388
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 2 1.028.506 2 682.511 3,804,497 1,614,318 3 3 1,712,118 4 2,055,434 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 1,304,018 7 1,302,578 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 87.115.245 10a Part VI of Schedule D 10b 29.570.112 ь Less accumulated depreciation 40,021,432 **10c** 57,545,133 57.760.745 11 11 69.308.971 27,798,351 12 30,999,571 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 12,684,778 15 2,932,622 15 16 145.768.450 16 166,787,133 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3.291.543 17 1.688.069 17 Accounts payable and accrued expenses . 18 18 19 1,184,246 19 1,244,868 20 3,468,046 11,768,982 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 2.610.422 25 2,482,681 Other liabilities Complete Part X of Schedule D 26 10.614.879 26 17,123,978 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 57,709,233 27 64.057.256 Unrestricted net assets Temporarily restricted net assets 37,210,904 28 28 44,484,960 Fund 40,233,434 29 41,120,939 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 135, 153, 571 33 149,663,155 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 145,768,450 166,787,133 34

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		46,7	711,701
2	Total expenses (must equal Part IX, column (A), line 25)	2			38,232
3	Revenue less expenses Subtract line 2 from line 1	3		2,1	173,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		135,1	L 5 3 , 5 7 1
5	Other changes in net assets or fund balances (explain in Schedule O)	5		12,3	36,115
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		149,6	663,155
Par	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			F	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Doane	e College	e									
Da	rt I	Done	on for Du	blic Charity Stat	hue (All organization	is must complete this p	47-0377991	tions			
						ough 11, check only one bo		110115			
1	- F					described in section 170(b					
2	, V		•	•)(A)(ii). (Attach Sche	•	<u> </u>				
3	Ë					ribed in section 170(b)(1) :	(
4	i-	A medic	cal research	•	-	a hospital described in sec		iii).Ente	erthe		
5	Γ	An orga	ınızatıon ope	erated for the benefit	of a college or univers	ity owned or operated by a	governmental unit	describ	ed ın		
		section	170(b)(1)(A)(iv). (Complete Pa	art II)						
6	Γ	A feder	al, state, or	local government or	governmental unit des	cribed in section 170(b)(1)(A)(v).				
7	Γ	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)								
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Co	omplete Part II)					
9	Γ					of its support from contrib	utions, membershi	p fees, a	nd gro	ss	
		receipts	from activ	ities related to its ex	cempt functions—subje	ct to certain exceptions, a	nd (2) no more thai	n 331/3%	of		
		ıts supp	ort from gro	oss investment incor	ne and unrelated busin	ess taxable income (less s	section 511 tax) fro	om busın	esses		
		acquire	d by the org	anızatıon after June	30, 1975 See section	509(a)(2). (Complete Par	t III)				
10	Γ	Anorga	ınızatıon org	janized and operated	exclusively to test for	public safety See section	509(a)(4).				
11	_	one or r the box a	nore publici that descri Type I	y supported organizations the type of support of the type of support of type II	ations described in sec orting organization and [c Type I]	nefit of, to perform the func tion 509(a)(1) or section ! complete lines 11e throug II - Functionally integrated	509(a)(2) See sect gh 11h d d	t ion 509 (Type II	(a)(3). I - Otl	Check her	
e	Γ	otherth	-	· ·	_	trolled directly or indirectly iblicly supported organizat			-		
f			_	received a written de	etermination from the I	RS that it is a Type I, Type	II or Type III sup	porting	organız	:ation,	
g				:006, has the organi	zatıon accepted any gı	ft or contribution from any	of the			J	
				rectly or indirectly co	ontrols, either alone or	together with persons des	cribed in (ii)		Yes	No	
					e the supported organi		. ,	11g(i)	1	 	
			•	er of a person describ				11g(ii)		\vdash	
			•	·	n described in (i) or (ii)	above?		11g(iii)	_		
h		Provide	the followin	ng information about	the supported organiza	ition(s)			<u> </u>		
	(i) Name		(ii)	(iii) Type of organization (described on	(iv) Is the organization in	(v) Did you notify the organization in	(vi) Is the organization in		(v	vii)	

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (I) orga in the U	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15					
16	Public support percentage from 2009 Schedule A, Part III, line 15	16					
Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17					
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18					

19a 33 1/3% support tests—2010. 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% support tests—2009. 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 (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	101110			LOTS					
A verage hours		tıon (che)			Reportable compensation	Reportable compensation	(F) Estimated amount of other
per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	×						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	×						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х		х				0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
	(B) Average hours per week 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1	(B) Average hours per week Post to the hours per week 1 00 X 1 00 X	(B) A verage hours per week 1 00	(B) A verage hours per week	C	Average hours per week	C	CD	Column

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours		((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Allison Petersen Secretary	1 00	х		х				0	0	0	
Dean Petersen Trustee	1 00	×						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	х						0	0	0	
Jıll 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	
Tım Wilson Trustee	1 00	х						0	0	0	
Mıchael Weston Trustee	1 00	х						0	0	0	
Don Campbell Trustee	1 00	Х						0	0	0	
Jonathan Brand President	40 00			х				214,536	0	45,465	
Julie Schmidt Treasurer	40 00			х				175,550	0	11,167	
Janice Hadfield Dean	40 00					х		127,968	0	18,563	
Kımberly Jacobs Vıce President	40 00					х		111,586	0	7,755	
Marılyn Johnson-Farr Professor	40 00					х		104,676	0	13,943	
Jerry Wood VP of Institutional Advancement & Marketing	40 00					х		156,380	0	6,008	
Thomas King Professor	40 00					х		103,315	0	6,199	

orm 990, Part III - 4 Program Service Accomplishments (See the Instructions)										
4d. Other program services										
(Code) (Expenses \$	1,946,661	ıncludıng grants of \$) (Revenue \$)					
A cademic support I	Includes the college library,	technology ser	vices, academic Dean's office	and support for all academic divi	sions					

DLN: 93493081007342

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

IIILEIIIAI	Nevellue Service				Inspe	ction
If the	-	inswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Ca	ım pai	ign Activit	ies),
		manufactures Commists Deuts I A and D. Do not commists Deuts C				
		ganizations Complete Parts I-A and B Do not complete Part I-C	l-4- D4 I D			
	, , ,	er than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not comp	iete Part FB			
	•	ations Complete Part I-A only	مستعطما ما	A -4:	:4:\ 46	_
	•	Inswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (n
	, , , ,	ganizations that have filed Form 5768 (election under section 501(h)) Complete Part II-, ganizations that have NOT filed Form 5768 (election under section 501(h)) Complete F				- II A
	, ,, ,	nswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part			•	
	=	5), or (6) organizations Complete Part III	. v, iiile 33a	a (P10	xy Tax), L	ieii
	me of the organiz		nployer idei	ntifica	tion numbe	2 r
	ne College		iipioyei idei	itilica	tion namb	-1
		47	-0377991	,		
Part	I-A Comple	ete if the organization is exempt under section 501(c) or is a se	ction 527	7 org	anizatio	n.
1	Provide a descr	ription of the organization's direct and indirect political campaign activities in Part I	V			
2			· -			
	Political expend		•	\$ <u> </u>		
3	Volunteer hours			_		
Par	t I-B Comple	ete if the organization is exempt under section 501(c)(3).				
1	Enter the amou	nt of any excise tax incurred by the organization under section 4955	▶	\$		
2	Enter the amou	nt of any excise tax incurred by organization managers under section 4955	>	\$ <u></u>		
3	If the organizat	ion incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correctio	n made?			☐ Yes	☐ No
b	If "Yes," descri	be in Part IV				
Par	t I-C Comple	ete if the organization is exempt under section 501(c) except se	ction 50	1(c)	(3).	
1	Enter the amou	nt directly expended by the filing organization for section 527 exempt function activ	/ities 🕨	\$		
2		nt of the filing organization's funds contributed to other organizations for section 52	7			
	exempt funtion	activities	-	\$		
2	Total avamet fu	notion expanditures. Add lines 1 and 2. Enter here and on Form 1120-POL. line 17	h 🖦			

Did the filing organization file Form 1120-POL for this year? ┌ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's 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-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		have to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV	Yes		4,95	
j	Total lines 1c through 1i		•	4,95	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
ь	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?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	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).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
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

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DLN: 93493081007342

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

ternal	Revenue Service	► Attach to F	ach to Form 990. F See separate instructions.			Inspection
Name of the organi		zation			Employer identifica	ation number
υoa	ine College				47-0377991	
Pa		zations Maintaining Donor A		Other Similar Fu		. Complete if the
	organız	ation answered "Yes" to Form 99		1.6	(1) 5	
	T. + -		(a) Donor adv	rised funds	(b) Funds and o	other accounts
	Total number at	•				
2	33 3	ributions to (during year) ts from (during year)				
3 4	Aggregate value					
5	Did the organiz	at end of year ation inform all donors and donor advi rganization's property, subject to the	_		or advised	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit					
Pai	rt III Consei	rvation Easements. Complete	ıf the organization a	answered "Yes" to	Form 990, Part I	/, line 7.
2	Protection Preservation Complete lines	on of land for public use (e g , recreat of natural habitat on of open space 2a-2d if the organization held a qual ie last day of the tax year	· / F	Preservation of a c	historically importan ertified historic struc of a conservation	•
	casement on th	re last day of the tax year		Г	Held at the	End of the Year
а	Total number o	f conservation easements		-	2a	
b	Total acreage r	estricted by conservation easements	;	-	2b	
c	Number of cons	servation easements on a certified his	storic structure include	ed in (a)	2c	
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06		2d	
3	Number of cons	servation easements modified, transfe	erred, released, extingi	- uished, or terminate	d by the organization	during
	the taxable yea	r Þ _				
1	Number of state	es where property subject to conserva	ation easement is loca	ted ▶		
5	Does the organ	ization have a written policy regarding the conservation easements it holds	g the periodic monitori		— Iling of violations, and	i ┌Yes ┌No
5	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing o	onservation easem	ents during the year l	•
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing cons	ervation easements	during the year 🟲 🕏	_
8		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of sec	tion	┌ Yes ┌ No
9	balance sheet,	scribe how the organization reports c and include, if applicable, the text of t n's accounting for conservation easer	the footnote to the org			
ar		zations Maintaining Collection to the collection to the community of the community of the collection answered to the collection and the collection are collected to the collection are collect			or Other Similar	Assets.
1a	If the organizat art, historical ti	ion elected, as permitted under SFAS reasures, or other similar assets held XIV, the text of the footnote to its fir	116, not to report in i	ts revenue stateme ducation or researc	:h in furtherance of pu	
b	historical treas	on elected, as permitted under SFAS ures, or other similar assets held for owing amounts relating to these items	public exhibition, educ			•
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1			► \$	
	(ii) Assets incl	uded ın Form 990, Part X				289,367
2	If the organizat	ion received or held works of art, hist nts required to be reported under SFA	•			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	•						Page 2
Part IIII Oı	rganizations Maintaining Co	llections of Art,	Historical Tre	easures, or Oth	er Similar A	ssets (c	ontinued
-	e organization's accession and othe neck all that apply)	r records, check any o	-	_		ction	
a 🔽 Publ	ic exhibition		d Loan or	r exchange progran	ns		
b	olarly research		e Γ Other				
c 🔽 Pres	ervation for future generations						
Provide a	a description of the organization's co	ollections and explain	how they further	the organization's	exempt purpose	e in	
_	ne year, did the organization solicit of the sold to raise funds rather than t		,		ımılar	☐ Yes	√ No
Part IV E	scrow and Custodial Arrang art IV, line 9, or reported an ar	ements. Complete	e if the organiz	ation answered '	"Yes" to Form	990,	
	ganization an agent, trustee, custoo on Form 990, Part X?	lan or other intermedi	lary for contributi	ons or other asset:	s not	☐ Yes	☐ No
b If "Yes,"	explain the arrangement in Part XI	/ and complete the fo	llowing table		ı		
					A	mount	
•	ng balance			10	:		
d Addition	s during the year			10	i		
e Distribut	tions during the year			16	•		
f Ending b	palance			1f			
a Did the o	organization include an amount on Fe	orm 990, Part X, line 2	217			┌ Yes	┌ No
b If "Yes,"	explain the arrangement in Part XI\	•					
Part V 🛮 🖽	ndowment Funds. Complete	f the organization a					
		(a)Current Year	(b)Prior Year		(d)Three Years Ba	ck (e) Four	Years Back
a Beginnin	ng of year balance	78,363,397	70,758,273	85,091,276			
	itions	369,976	508,509	1,279,747			
	ent earnings or losses	16,222,279	11,205,783	-11,369,031			
	or scholarships	1,697,955	1,747,972	1,875,210			
and prog	rpenditures for facilities	2,275,147	2,361,196	2,368,509			
	trative expenses	00.000.550	70.050.007	70 750 070			
g Endofye	earbalance	90,982,550	78,363,397	70,758,273			
Provide t	the estimated percentage of the yea	r end balance held as					
a Board de	signated or quasi-endowment 🕨	14 000 %					
b Permane	nt endowment 🕨 86 000 %						
c Term end	dowment 🕨 0 %						
	e endowment funds not in the posse	ssion of the organizati	on that are held	and administered fo	or the		
organizat	•				<u> </u>	Yes	No
	ated organizations					a(i) Yes	l N
	ed organizations					a(ii) 3b	No I
	to 3a(II), are the related organizatio I IN Part XIV the Intended uses of th	·			· · · ·	ן מכ	
	nvestments—Land, Building			η Part X line 10)		
GITC VI	rvestments Luna, Dunanig.	s, and Equipment	(a) Cost or of	<u> </u>		_{2d}	
	Description of investment		basis (investm		depreciation	(d) Bo	ook value
la Land .				582,88	12		582,882
				69,892,77)17	53,093,75
•	Improvements			1,024,63		<u> </u>	554,97
	t			15,325,59			3,024,150
				289,36	-	_	289,36
	s 1a-1e (Column (d) should equal Fo		(B), line 10(c).)	· · · · · · · · · · · · · · · · · · ·	<u>′′ </u> ▶ -		57,545,133
	, , , , , , , , , , , , , , , , , , , ,	, ,, ,,	-1-/-/			D (Form 9	

Part VII Investments—Other Securities. See F (a) Description of security or category	orm 990, Part X, line 12		d of valuation
(including name of security)	(b) Book value		f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)O ther (A) Certificates, CD's & deposits	10,009,106		F
(A) Certificates, CD 3 & deposits	10,003,100		<u>'</u>
(B) Alternative investments	16,103,887		F
(C) Real Estate	4,886,578		F
, ,	, ,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	30,999,571	2	
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line			
(a) Descript			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X, co.(6) line 15			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Annuities Payable	1,221,356		
Deposits held in custody for others	97,837		
Refundable federal advances for student loans	1,163,488		
-			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,482,681		

Total revenue (Form 990, Part VIII, column (A), line 12)

46,711,701

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,538,232
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,173,469
4	Net unrealized gains (losses) on investments	4	12,336,115
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	12,336,115
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,509,584
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	48,466,933
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	889,210
3	Subtract line 2e from line 1	3	47,577,723
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-866,022
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	46,711,701
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	33,957,349
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 866,022		
e	Add lines 2a through 2d	2e	866,022
3	Subtract line 2e from line 1	3	33,091,327
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	11,446,905
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	44,538,232
Dar	t XIV Supplemental Information		

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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
Description of Intended Use of Endowment Funds	Part V, Line 4	The Doane College endowment fund was established by donor contributions to support scholarships for students and to maintain quality faculty, programs, and facilities, in perpetuity
		Part X - The College has adopted the provisions of FASB ASC 740-10, Accounting for Uncertain Tax Positions" The College continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings. Years 2008 and after are open to examination by the respective authorities. Part XII, Line 2d. Scholarships to Doane Students (11,446,905) Part XII, Line 4b. Rental Expenses (3,745) Bookstore cost of goods sold (862,277) (866,022) Part XIII, Line 2d. Rental Expenses 3,745 Bookstore cost of goods sold 862,277 866,022 Part XIII, Line 4b. Scholarships to Doane Students 11,446,905

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Doane	e College				
Da	rtI	47-0377991		YES	NO
				11.3	110
1	Does the organization have a racially nondiscriminatory policy toward students by statement in rother governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adriprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, ın a way	3	Yes	
			- - -		
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes	
c	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, use Part II				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No
Ł	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
c	Scholarships or other financial assistance?		5d		Νo
•	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
ç	Athletic programs?		5g		Νo
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		Νo
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
t	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa				
	- of Key From 73-30, 1973-2 C.B. 307, covering facial nondiscrimination of the No, explain on Pa	1 L 1 I	1 7	l Yes l	i

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	The general public has been made aw are of the racially non- discriminatory policies of the College through the use of media including College brochures and publications
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	The College participates in the Federal Student Financial Aid Program

Schedule E (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493081007342

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

to Part I

c Totals (add lines 3a and 3b)

	ie of the organization				Employer iden	tirication number
oa	ne College				47-0377991	
Pa	General Informatio "Yes" to Form 990, Pa			ne United States. Co		zation answered
1	For grantmakers. Does the			s to substantiate the	amount of the grants	or
	assistance, the grantees' eli	gibility for the	grants or assis	tance, and the selecti	on criteria used to aw	a rd
	the grants or assistance? .					│ Yes
2	For grant makers. Describe in Pa United States	art V the organiz	atıon's procedur	es for monitoring the use	of grant funds outside t	:he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
	Europe			Program Services	Int'l Studies	210,869
	South America			Program Services	Int'l Studies	84,516
	Sub-Saharan Africa			Program Services	Int'l Studies	46,828
	East Asia & Pacific			Program Services	Int'l Studies	45,819
	Central America & Caribbean			Program Services	Int'l Studies	42,853
	South Asia			Program Services	Int'l Studies	29,063
	Russia			Program Services	Int'l Studies	3,359
3	Sub-total		0			463,307
	h Total from continuation sheets					1

463,307

Par	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
	(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)	
	,									
	_									
2	Enter total nun	nber of recipie	ent organizations lis	ted above that are i	recognized as chari	ties by the foreign (country, recognized letter	as 🕨	1	
3	• •	·	_	•		. , , ,		. ▶		
								Schedule F	(Form 990) 2010	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(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
Scholarship	Europe	32	98,394	Credit on Acct		1	
Scholarship	South America	40	45,750	Credit on Acct		 	
Scholarship	Sub-Saharan Africa	13	11,875	Credit on Acct		 	
Scholarship	East Asia & Pacific	8	8,625	Credit on Acct		 [
Scholarship	Central America & Caribbean	19	18,750	Credit on Acct		 	
Scholarship	South Asia	5	5,000	Credit on Acct		1	
Scholarship	Russia	1	2,000	Credit on Acct			
				1			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<u> ~</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	▼	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 Doane College's program services outside the United States include both short-term study tours as well as semester length programs of study. Short-term college-sponsored study tours are typically organized during the January or May Interterms. These tours are typically led by faculty who teach a course while the group is traveling. Other students with a study abroad requirement in their programs of study spend an entire semester or a year at an international institution.

ldentifier	Return Reference	Explanation
Explanation for Estimated Number of Recipients		Schedule F, Part III, Col (c) Grantmaker's Description of How Grants are Used in Foreign Country Scholarships and grants for students studying abroad are applied directly to a student's Doane College account and applied to tuition, fees, room, and board

Schedule F (Form 990) 2010

Internet and e-mail solicitations

Phone solicitations

DLN: 93493081007342

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of the organization **Employer identification number** Doane College 47-0377991 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants

In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Solicitation of government grants

Special fundraising events

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																	
Total			.																	

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. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
			(a) Event #1 FB Spring Cleanup (event type)	(b) Event #2 (event type)	(c) O ther Events 5 (total number)	(d) Total Events (Add col (a) through col (c))				
Revenue	1 2	Gross receipts Less Charitable	10,623	3	14,078	24,701				
Re	3	contributions Gross income (line 1 minus line 2)	10,623	3	14,078	24,701				
	4	Cash prizes								
60	5	Non-cash prizes								
Expenses	6	Rent/facility costs								
<u>യ്</u> ച്	7	Food and beverages								
Drea	8	Entertainment								
à	9	Other direct expenses .	1,262	2	7,857	9,119				
	10	Direct expense summary Add line	es 4 through 9 in column	(d)		9,119				
	11	Net income summary Combine li	nes 3 and 10 in column (d)		15,582				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	irt IV, line 19, or repo					
Revenue	_		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))				
		Gross revenue								
xpenses		Cash prizes								
S S	3	Non-cash prizes								
Direct E	4	Rent/facility costs								
Ē	5	Other direct expenses								
	6	Volunteer labor	<pre> Yes % No </pre>	┌ Yes % ┌ No	┌ Yes %					
		Direct expense summary Add lines Net gaming income summary Com		•						
_										
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gamıng activities in eac			· Fyes Fno				
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes Fno				

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493081007342 OMB No 1545-0047

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

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

Inspection

Name of the organization		Employer identification number					
Doane College						47-0377991	
Part I General Informatio	n on Grants and	l Assistance				'	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	vard the grants or as: ation's procedures fo	sistance? r monitoring the use o	f grant funds in the Unite	d States			✓ Yes 🗀
Part II Grants and Other A Form 990, Part IV, line duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 grai or assistance
2 Enter total number of section 503 Enter total number of other orga						· · · · · > _	
For Drivery Act and Denominary Reduction				Cat No FOOFED			lo I (Form 000) 2010

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
(1) Scholarships for Crete campus students	1044	11,446,905	0	N/A	N/A

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

tuition, fees, room, and board

Schedule I (Form 990) 2010

Compensation Information

DLN: 93493081007342

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Doa	ne College						
	·· - -		47-0	377991			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropriate box(es) if the organization provide	ded a	ny of the following to or for a person listed	ın Form			
	990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	굣	Housing allowance or residence for perso	nal use			
	▼ Travel for companions	Γ	Payments for business use of personal re	sidence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fee	es			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, e	chef)			
b	If any of the boxes in line 1a are checked, did the organ						
	reimbursement orprovision of all the expenses describe				1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		•				
	Compensation committee	Ë	Written employment contract				
	Independent compensation consultant	✓	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compensation c	ommittee			
4	During the year, did any person listed in Form 990, Pai or a related organization	rt VII	, Section A , line $f 1a$ with respect to the filli	ng organization			
а	Receive a severance payment or change-of-control pa	ymer	t from the organization or a related organiz	zation?	4a		Νo
b	Participate in, or receive payment from, a supplementa	ıl non	qualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	ıde th	e applicable amounts for each item in Part	: III			
	Only 501(c)(3) and 501(c)(4) organizations only must	comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1a,	did the organization pay or accrue any				
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a,	did the organization pay or accrue any				
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, lir payments not described in lines 5 and 6? If "Yes," des			d	7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			be			
_					8		No
9	If "Yes" to line 8, did the organization also follow the resection 53, 4958-6(c)?	ebutt	able presumption procedure described in R	egulations	۵ ا		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) 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) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Jonathan Brand	(1) (11)	202,210 0	11,000 0	1,326 0	13,511 0	31,954 0	260,001 0	0
(2) Julie Schmidt	(I) (II)	174,550 0	1,000	0	10,533 0	634 0	186,717 0	0
(3) Jerry Wood	(I) (II)	150,174 0	915 0	5,291 0	0	6,008 0	162,388 0	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 \$1,326 for taxable dependent care reimbursement (grossed up) and taxable company provided vehicle benefit \$5,291 for taxable company provided vehicle benefit Part II, Column D, Nontaxable benefits Johnathan Brand Julie Schmidt Jerry Wood Health Insurance 16,140 0 5,794 Life Insurance 54 54 54 Disability Insurance 160 160 Housing Allowance 12,000 0 0 Medical Reimbursement 3,600 420 0 Total 31,954 634 6008

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 Attach to Form 990.

OMB No 1545-0047

DLN: 93493081007342

2010

Open to Public Inspection

Internal Revenue Service Name of the organization Doane College

Bond Issues

Part I

10

11

12

13

14

15

16

17

Department of the Treasury

Employer identification number 47-0377991

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	e Price (f) Description of Purpos		(g) Defeased		(h) O g) Defeased Behalf Issue		half of fina	
								Yes	No	Yes	No	Yes	No
A	NE Educational Finance Authority Refunding Revenue Bonds Series 2004	52-1293953	00063966P	05-13-2004	3,125,634	99, to	Refund prior issue dated 2-15- 99, to construct and equip new residence hall		×		x		х
В	NE Educational Finance Authority Educational Loan Note Series 2009	52-1293953	N one A vaıl	05-01-2009	10,000,000	Capital improvement & renovation of residence hall on Crete campus			x		x		х
c	NE Educational Finance Authority Educational Loan Note Series 2011	52-1293953	N one A vail	04-28-2011	5,000,000	Capital improvement & renovation of residence hall on Crete campus			х		х		х
_													
_													
	Dunanada												
	art II Proceeds				Ι Δ	А В			С			D	
1	A mount of bonds retired					0,634							
2	A mount of bonds legally defe	ased											
3	Total proceeds of issue				3,12	5,634	10,000		5,	000,00	0		
4	Gross proceeds in reserve fu	nds											
5	Capitalized interest from proc	eeds											
6	Proceeds in refunding escrow	,											
7	Issuance costs from proceed	s			5	9,579	50,454			36,29	4		
8	Credit enhancement from pro	ceeds											
9													

allo	cation of pro	ceeds?	
Part III	Private	Business	Use

Capital expenditures from proceeds

Other spent proceeds

Other unspent proceeds

Year of substantial completion

			4	l	В	(С		D	
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		X					
2	Are there any lease arrangements that may result in private business use of bond-financed property?		×		×					

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

3,066,055

4,950,000

No

Χ

2000

Yes

Χ

Χ

Х

9,949,546

No

Χ

Χ

2010

Yes

Χ

Χ

Yes

No

13,706

4,950,000

No

Χ

Χ

Χ

2011

Yes

Χ

		A			В	C			D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		×				
b	Are there any research agreements that may result in private business use of bond-financed property?		х		х				
С	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 section 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 section 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?	Х		х					
Pa	rt IV Arbitrage		•	•	•	•	•		•

Pai	art IV Arbitrage								
		Α	1	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		X		X		
2	Is the bond issue a variable rate issue?		X		X		×		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x		х		х		
—	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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?		×		х		х		
6	Did the bond issue qualify for an exception to rebate?		х		×		×		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Ret urn Ref erence	Explanation
Schedule K		Part II, 4(c) Doane College has an Educational Facilities Loan from the Nebraska Educational Finance Authority in an amount up to \$5 million for capital
Supplental		construction and improvement projects. As of June 30, 2011, the College had drawn \$50,000 on its projects with a balance up to \$4,950,000 yet to be drawn
Information		from the lender for project completion

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As Filed Data -

DLN: 93493081007342

LN: 93493081007342

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

	me of the organization ane College							E	mployer i	dent if ica	ition numb	er
									7-03779			
Pai	rt I Excess Benefit Train Complete if the organization										ıne 40b	
					1					, .		orrected?
1	(a) Name of disq	ualified	person			(b) Desc	cription	of trans	action		Yes	No
2	Enter the amount of tax impos		he orgai	nization man		r dısqualıfıed pers • • • • •			year unde •	r · dr		
2	Enter the amount of tax, if any	_		vo roimburo						→ —		
	Enter the amount of tax, if any	, 011 1111	e 2, abo	ve, remiburs	seu by ti	ie organization .	•	• •		Р —		
Pa	rt III Loans to and/or											
	Complete If the organi	zation a	answere	d "Yes" on F T	orm 990), Part IV, line 26 T	, or Fori	m 990-		, line 38	a	
		1 ' '	oan to				(e) I	[n	(f) Approv	ed.	(g) Writ	ten
(a)	Name of interested person and		om the ization?	(c)Orig		(d)Balance due	defau		by boar		agreeme	
	purpose			principal	amount			1	commit	ee?		
		То	From				Yes	No	Yes	No	Yes	No
			1				-		+			
								1				
Tota	ıl				▶ \$	•		•		•		•
	t IIII Grants or Assista	nce B	enefitt	ing Inter								
	Complete if the orga	nızatı	on ansv	wered "Yes	" on Fo	rm 990, Part IV	/, line 2	27.				
	(a) Name of interested pers	on	(-		een interested pei	rson	(c) A r	nount of g	rant or t	ype of assı	stance
(1)				aı	id the or	ganization						
(-)												13,000
(2)												
												500

Part IV Business Transactions Involving Interested Persons.

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

Complete ii the organization	on answered res on	rorm 550, raic iv, in	16 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
(1) Earl Wright President CEO of Ass	Former Trustee		Asset Management Group serves as Doane College's Investment consultant		No
(2) John P Nelson Chairman Silverston	Trustee	, i	Silverstone Group provides insurance and consulting for Doane College		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

> ▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

NonCash Contributions

Name of the organization

Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Doane College 47-0377991 Types of Property (a) (b) (c) (d) Check if Number of Contributions or items Noncash contribution amounts Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line amounts 1 Art-Works of art . . Art—Historical treasures Art—Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles . 7 Boats and planes . . . Intellectual property . . Securities—Publicly traded 16 449,142 FMV Х 10 Securities-Closely held stock 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . Real estate—Residential . Real estate—Commercial Real estate—Other . . 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts . . Scientific specimens . . 23 24 Archeological artifacts . 25 Other ► (Other ►(___ 26 Other ►(_ 27 Other ► (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Yes b If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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.

Ident if ier	Return Reference	Explanation
Third Party Use	,	Part 1, Line 32b The College uses outside brokers to sell donations of securities Part 1, Column (b) Doane College is reporting the number of contributions received

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493081007342

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
Doane College
47-0377991

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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.

Identifier	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 nine peer institutions as well as salary surveys conducted by the College and University Professional Association for Human Resources (CUPA-HR) and the Association of Independent Colleges and Universities of Nebraska (AlCUN) 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
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 12,336,115

ldentifier	Return Reference	Explanation
	'	The College's financial statement audit is reviewed by an audit committee annually. This process has not changed from prior years