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## Form 990

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public

	evenue Servi			40			Inspection	
		calendar year, or tax year beginning 06-01-2011 C Name of organization	and ending 05-31-20	12	D Employ	er ider	ntification number	
_	k if applicates ess change	MIDLAND UNIVERSITY			47-03	76551	ı	
_	-	Doing Business As			E Telepho			
	e change				(402)	721-5	480	
Initia		Number and street (or P O box if mail is not delivered 900 NORTH CLARKSON STREET	to street address) Room/s	suite			5 40,987,769	
Term	nnated	900 NORTH CLARASON STREET						
Ame	nded returi	City or town, state or country, and ZIP + 4 FREMONT, NE 68025	•					
Appli	cation pen	ding						
		<b>F</b> Name and address of principal officer		<b>H(a)</b> Is t	his a group	return	for	
		JODI BENJAMIN 900 NORTH CLARKSON STREET		affıl	iates?		ΓYes <b>Γ</b> No	
		FREMONT, NE 68025		H(b) Are	all affiliates i	nclude	sd?	
							(see instructions)	
I Tax-	exempt st	atus	47(a)(1) or	H(c) Gro	up exempti	on nur	mber ►	
J We	bsite: ►	WWW MIDLANDU EDU						
<b>K</b> Form	of organiz	ation V Corporation Trust Association Other		l Year of t	ormation 188	33 <b>M</b>	State of legal domicile NE	
Par		ummary				, , , ,	otato er logal delillolle 112	
		ly describe the organization's mission or most signi	ficant activities					
Activities & Governance	MID COL VAL	LAND UNIVERSITY INSPIRES PEOPLE TO LEARN LEGE OF THE EVANGELICAL LUTHERAN CHURC UES TO BE THE FOUNDATION OF OUR IDENTIT WARDSHIP	N AND LEAD IN THE ' H IN AMERICA THE	COLLEGE HO	LDS THE F	OLLO	WING CORE	
<u>≝</u>								
<u> </u>	2 (	by this have the argument of discontinued to	norations of disciple	of more #1	250/5	not -	cotc	
<u>بخ</u>		tk this box 🔭 if the organization discontinued its o			23% OF ITS	net as		
<u>≅</u>		ber of voting members of the governing body (Part V ber of independent voting members of the governing			-	4	11	
5		I number of individuals employed in calendar year 2			·	5	670	
<u>ਬ</u>		I number of volunteers (estimate if necessary) .	, , ,		-	6	100	
		I unrelated business revenue from Part VIII, colum			-	7a		
		unrelated business taxable income from Form 990-7			-	7b		
			·	Pri	or Year		Current Year	
	<b>8</b> Co	ontributions and grants (Part VIII, line 1h)			2,522,8	75	8,785,946	
볼			service revenue (Part VIII, line 2g)					
Revenue	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4,	tment income (Part VIII, column (A), lines 3, 4, and 7d) . . . .					
#	11 01	her revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-7,0	22	1,742,463	
		tal revenue—add lines 8 through 11 (must equal Pa		ne	29,256,7		37,545,709	
		ants and similar amounts paid (Part IX, column (A),			13,821,7		12,590,593	
		enefits paid to or for members (Part IX, column (A), I	•		13,021,7	0	12,330,333	
		laries, other compensation, employee benefits (Pari				+		
8		10)	,		9,336,9	41	9,843,356	
<b>₹</b>	<b>16a</b> Pr	ofessional fundraising fees (Part IX, column (A ), line	e 11e)			0	0	
Expenses	b To	tal fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{333,88}{1}$	37					
	<b>17</b> 01	her expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		9,361,9	66	8,817,140	
		tal expenses Add lines 13–17 (must equal Part IX			32,520,6	44	31,251,089	
	<b>19</b> Re	venue less expenses Subtract line 18 from line 12			-3,263,8	46	6,294,620	
8 <del>0</del> 0					ng of Curren Year	ıt	End of Year	
Net Assets or Fund Balances	<b>20</b> To	tal assets (Part X, line 16)			48,531,1	49	52,014,790	
8 B		etal liabilities (Part X, line 26)			27,997,5	-	25,249,537	
≅Ē		et assets or fund balances Subtract line 21 from line			20,533,5		26,765,253	
Part		ignature Block			20,000,0	<u> </u>	207/ 007200	
Under	penalties edge and l edge.	of perjury, I declare that I have examined this return, in pelief, it is true, correct, and complete. Declaration of provided the second secon		er) is based or				
Here		JODI BENJAMIN VP OF FINANCE AND ADMINISTRATION						
		Type or print name and title						
Paid	sıgı	parer's nature LAWRENCE H MOHR CPA	Date	Check if self-employed •	Preparer's (see instri P0044760	uctions)	er identification number	
Prepar		n's name (or yours BAKER TILLY VIRCHOW KRAUSE LLP			EIN ▶ 39-	-085991	.0	
Use O		ress, and ZIP + 4 225 S 6TH ST STE 2300			·			
		MINNEAPOLIS, MN 55402			Phone no	► (61 	2) 876-4500	
	a IRS di	scuss this return with the preparer shown above? (s	ee instructions) .			_	▼ Yes	

Form	990	(2011

Page <b>2</b>	
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Par			f <b>Program Serv</b> le O contains a resp	_	<b>llishments</b> uestion in this Part III		
1	Briefly	describe the org	ganızatıon's mıssıon				
MID	LAND U	NIVERSITY INS	PIRES PEOPLE TO	LEARN AND	LEAD IN THE WORLD	WITH PURPOSE	
2				ant program s	ervices during the year	which were not listed on	─ Yes 🔽 No
	If "Yes	," describe these	new services on Se	chedule O			
3					nt changes in how it co		└ Yes └ No
	If "Yes	," describe these	changes on Sched	ule O			
4	expens	ses Section 501	(c)(3) and 501(c)(4	) organization	s and section 4947(a)	ree largest program services, (1) trusts are required to repo th program service reported	
4a	(Code		) (Expenses \$	17,467,946	ıncludıng grants of \$	12,590,593 ) (Revenue \$	23,102,251 )
	MASTE	RS IN ACCOUNTING	AND EDUCATION THE 2	2011-2012 ENROL		REES IN BUSINESS, EDUCATION AND TIONAL UNDERGRADUATE STUDENTS GRADUATE STUDENTS	
	(Code		) (Expenses \$	5,511,431	ıncludıng grants of \$	) (Revenue \$	498,903 )
70	ACADE		EMIC SUPPORT INCLUDI			D, INFORMATION TECHNOLOGY AND	, ,
	(Code		) (Expenses \$	3,363,420	including grants of \$	) (Revenue \$	3,165,495 )
	AUXILI FACILI	ARY ENTERPRISESAL	JXILIARY ENTERPRISES A	AT MIDLAND UNIV	ERSITY ARE COMPRISED OF	7 RESIDENCE HALLS OR ON-CAMPUN STUDENT HOUSING DURING FALL	JS APARTMENTS, A DINING
4d		· -	es (Describe in Sch	•	<b>C</b> +	) (D +	,
		enses \$		uding grants o	·	) (Revenue \$	)
4e	Total	program service	expenses <b>►</b> \$	26,342,79	97		

<u> </u>	Checklist of Required Schedules
Form 990 (	2011)

	•		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 instructions)? 📆	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	Yes	
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 for which 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 1	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		No
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 temporarily restricted endowments, permanent endowments, 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? <i>If "Yes," complete Schedule D, Part VI.</i>	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		Νo
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	Yes	
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? If "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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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, Part 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, Part III and IV	16		No
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	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? <i>If</i> "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		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	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		No
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 questions 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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	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		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
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 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 Ma	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? If "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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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 $2$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% 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		N o
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	<u> </u>
		F:	orm <b>990</b>	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b>   68			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
la	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			
Ь	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)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities account)?	4a		No
b	'			110
	If "Yes," enter the name of the foreign country ►			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	OC.		
		5c		
a	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		No ———
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
1	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		
,	Sponsoring organizations maintaining donor advised funds.	•		
а	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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	Enter the aggregate amount of reserves on hand			
	13c			<u>.</u> .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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 contains a response to any question in this Part VI . . . .

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
3	other officer, director, trustee, or key employee?	2		No
	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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	
u b	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		163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
40-	Ded the consequence have been been been been shown in the consequence of the beauty	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
c	rise to conflicts?	12b	Yes	
	ın Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	16-		N.a
h	taxable entity during the year?	16a		No
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
- C-	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	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 made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JODI BENJAMIN 900 NORTH CLARKSON STREET

FREMONT, NE 68025 (402)941-6102

### <u>Part VII</u> 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	Position more unless	on (de thar	C) o no n one son er ar	t che e box is bo id a tee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former		,	organizations
(1) BEN SASSE PRESIDENT	40 00	х		Х				208,680	0	20,168
(2) MILO ANDERSON DIRECTOR	1 00	х						0	0	0
(3) PATRICK BOOTH DIRECTOR	1 00	х						0	0	0
(4) DAVID DEFREESE DIRECTOR	1 00	х						0	0	0
(5) MELODY DENSON DIRECTOR	1 00	х						0	0	0
(6) ROGER LAMBORN DIRECTOR	1 00	х						0	0	0
(7) DEREK LEWIS DIRECTOR	1 00	х						0	0	0
(8) GARY PERKINS DIRECTOR	1 00	х						0	0	0
(9) STEVE PRIBNOW DIRECTOR	1 00	х						0	0	0
(10) GRETCHEN RITOLA DIRECTOR	1 00	х						0	0	0
(11) RICK SPALDING DIRECTOR	1 00	х						0	0	0
(12) JODI BENJAMIN VP - FINANCE AND ADMINISTR	40 00			Х				124,612	0	17,041
(13) HENRY SMORYNSKI ACADEMIC DEAN	40 00			Х				128,738	0	10,185
(14) GREG FRITZ VICE PRESIDENT OF STUDENT	40 00			Х				86,737	0	17,832
(15) STEVEN BULLOCK VP ACADEMIC AFFAIRS	40 00			х				134,347	0	14,377
(16) ELIZA FERZELY VP ADMISSIONS AND ENROLLMENT	40 00			Х				95,977	0	5,514

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

	(A) Name and Title	hours more than one box, cor per unless person is both week an officer and a orga (describe director/trustee) 2/1								(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensatior from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			Misc		organizations		
												+			
												+			
1b	Sub-Total				<u> </u>			<u> </u>  ►-				+			
c	Total from continuation sheets t				<u> </u>	<u> </u>		<b> </b>							
d	Total (add lines 1b and 1c) .							<b> </b>		779,091		0		85,117	
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above	) who	receive	d more tha	an				
													Yes	No	
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch						mploy •	-	r highes • • •	t compens • •	ated employee • • •	3		No	
4	For any individual listed on line 1 organization and related organization and related organization.											4	Yes		
5	Did any person listed on line 1a is services rendered to the organization.										or individual for	5		No	
	ction B. Independent Cont	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	highest comper the organizatio													
	-	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper		
											CUSTODIAL SERVICES	s		,753,172	
												_			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Part V	<u> </u>	Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
왕	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b				
 	c	Fundraising events	. <b>1c</b> 9,690				
ĔΈ	d	Related organizations	1d				
% <u>E</u>	e e	Government grants (contributions)	<b>1e</b> 496,816				
등등	f	All other contributions, gifts, grants, and	d <b>1f</b> 8,279,440	i	i		! 
事を	'	sımılar amounts not ıncluded above					
温音	g	Noncash contributions included 23,801	ın				
52	h	lines 1a-1f \$ 23,801 <b>Total.</b> Add lines 1a-1f	- ▶	8,785,946			
Q m	"	Total: Add illes Id II		-,,-			
e E	_		Business Code				
re L	2a	TUITION AND FEES	611710	23,102,251	23,102,251		
<u> </u>	b	AUXILIARY ENTERPRISES	611710	3,165,495	3,165,495		
<u> </u>	c	CONFERENCES	611710	136,624	136,624		
¥	d	OTHER REVENUES	611710	133,461	133,461		
ج 3	e	SUMMER FINE ARTS	611710	113,688	113,688		
Program Serwce Revenue	f	All other program service reven	ue	115,130	115,130		
<u>ة</u>		Tatal Addings 2- 25		00 700 000			
	g 3	Total. Add lines 2a-2f		26,766,649			
	•	Investment income (including d	.	91,310			91,310
	4	and other similar amounts).  Income from investment of tax-exemp		31,310			31,310
	5	Royalties	· · · · · · · · · · · · · · · · · · ·				
		(i) Real	(II) Personal				
	6a		220				
	ь		562				
		expenses Rental income	142				
	C	or (loss)					
	d	Net rental income or (loss) .		-442			-442
		(i) Securities					
	7a	Gross amount 3,582,0 from sales of	054				
		assets other than inventory					
	ь	Less cost or 3,422,7	713				
		other basis and sales expenses					
	c	Gain or (loss) 159,3	341				
	d	Net gain or (loss)		159,341			159,341
Other Revenue	8a	Gross income from fundraising events (not including \$	1c)				
ě		See Part IV, line 18	´				
<u>.</u>			a 13,500				
ŧ	ь	Less direct expenses					
0	C	Net income or (loss) from fundra	_ ·	-185			-185
	9a	Gross income from gaming active See Part IV, line 19	vities a				
	ь	Less direct expenses					
	c	Net income or (loss) from gamin	ig activities				
	10a	Gross sales of inventory, less returns and allowances .	a				
	ь	Less cost of goods sold	ь				
	c	Net income or (loss) from sales					
		Miscellaneous Revenue	Business Code				
	11a	LOAN FORGIVENESS INCOM	900099	1,743,090	İ		1,743,090
	ь		_				
	c		_				
	d	All other revenue	_				
	e	Total. Add lines 11a-11d .					
	12	Total revenue. See Instructions	`	1,743,090			
	l		-	37,545,709	26,766,649	0	1,993,114

### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	12,590,593	12,590,593		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	777,385	572,489	190,427	14,469
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	6,955,602	5,122,305	1,703,836	129,461
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	129,414	95,304	31,701	2,409
9	Other employee benefits	1,484,704	1,093,379	363,691	27,634
10	Payroll taxes	496,251	365,454	121,561	9,236
11	Fees for services (non-employees)				
а	Management				
b	Legal	51,727	38,093	12,671	963
С	Accounting	58,214	42,870	14,260	1,084
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	21,657	15,949	5,305	403
g	Other	270,582	199,265	66,281	5,036
12	Advertising and promotion	262,827	193,553	64,382	4,892
13	Office expenses	529,618	393,180	130,785	5,653
14	Information technology	354,611	261,146	86,865	6,600
15	Royalties				
16	Occupancy	1,023,374	757,956	252,119	13,299
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	123,265	90,776	30,195	2,294
20	Interest	1,128,793	831,275	276,508	21,010
21	Payments to affiliates			.	<u>,                                      </u>
22	Depreciation, depletion, and amortization	1,214,140	894,128	297,414	22,598
23	Insurance	277,119	204,078	67,883	5,158
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	1,021,894	755,161	251,190	15,543
b	ATHLETICS	809,046	595,805	198,183	15,058
С	BUILDING GROUNDS MAINTE	706,160	520,037	172,980	13,143
d	INSTRUCTION	372,617	274,406	91,276	6,935
е					
f	All other expenses	591,496	435,595	144,892	11,009
25	Total functional expenses. Add lines 1 through 24f	31,251,089	26,342,797	4,574,405	333,887
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				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 4.350.620 2 646,467 2 Savings and temporary cash investments . . . . . . . 3 312,709 4,335,605 3 328,200 4 280.284 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 3,678,958 7 3,872,014 17.716 17.051 8 9 9 Prepaid expenses and deferred charges . . . . . . 43,983,125 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b b Less accumulated depreciation . . . . . 17,344,256 27,383,366 10c 26,638,869 11,187,467 6,332,591 11 11 464,466 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 4,512,465 6,187,091 15 15 48,531,149 52,014,790 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,986,575 1,991,875 17 17 Accounts payable and accrued expenses . 18 2.564.384 18 2,499,059 19 498,944 19 394,271 20 18.040.000 20 17.515.000 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 4.294.034 23 1,814,210 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 362,972 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 613,628 25 672,150 D . . . . 26 27,997,565 26 25,249,537 **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 4,163,988 27 Unrestricted net assets . . . . 8,824,294 2,450,623 28 2,465,134 28 Temporarily restricted net assets . . . . . Fund 29 13,918,973 29 15,475,825 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 20.533.584 33 26.765.253 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 48.531.149 52.014.790 34

Ра	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37.5	545,709
2	Total expenses (must equal Part IX, column (A), line 25)	2			251,089
3	Revenue less expenses Subtract line 2 from line 1	3		6,2	294,620
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,5	533,584
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-62,95:
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		26,7	765,25
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			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		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	_

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

MIDLAND UNIVERSITY

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.

**Employer identification number** 

D-	T	Dona	for D.	.blic Charity Cta	**** / A II o w		na must sam	nloto this	14/-U3/6			
	rt I			Iblic Charity State foundation because		_		•	<u> </u>	instructioi	ns	
1	rigaiii			ion of churches, or a								
	<u> </u>		•	•			-	D)(1)(A)(I)	•			
2	<b>V</b>			d in <b>section 170(b)(1</b>				4 <b>7</b> 0(l-)(				
3	<u> </u>			perative hospital se								
4	ı			h organization opera ity, and state	ted in conjur	nction with	a hospital des	scribed in <b>s</b> a	ection 170(b)	(1)(A)(iii)	. Enter the	
5	Γ	An orga	nızatıon op	perated for the benefi	t of a college	e or univer	sity owned or (	operated by	' a governmeı	ntal unıt de	scribed in	
				<b>(A)(iv).</b> (Complete P								
6		A federa	al, state, o	r local government o	governmen	tal unit de:	scribed in <b>sect</b>	ion 170(b)	(1)(A)(v).			
7	Γ	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of it	s support fron	n a governn	nental unit or	from the ge	eneral pub	IC
8	Г			described in <b>section</b>		<b>A)(vi)</b> (C	omplete Part I	Ι)				
9	_			at normally receives					ributions. me	mbership fe	ees, and a	oss
	•	_		/ities related to its e	• •		• •		•	•		
				oss investment inco								S
		• • •	-	ganızatıon after June				·				_
0	г			ganized and operated								
1	<u>'</u>	_		ganized and operated						to carry or	it the nurn	nses of
	_	the box <b>a</b> 「	that descr Type I	ly supported organiz ibes the type of supp <b>b</b> Type I ox, I certify that the	orting organ I <b>c</b>	Type I	d complete line II - Functiona	es 11e thro Illy integrat	ugh 11h ed	<b>d</b>	/pe III - O	ther
e f g	,	other th section If the oi check t Since A	an foundat 509(a)(2) ganization his box ugust 17,	ion managers and ot received a written do 2006, has the organ	her than one	or more p	ublicly suppor	ted organiz	ations descri pe II or Type	bed in sect	ion 509(a	)(1 ) or
			g persons? rson who d	rectly or indirectly c	antrale aith	er alone o	r together with	nareone de	secribed in (ii	1	Ye	s No
				governing body of th			_	persons de	escribed iii (ii			) NO
		, ,	•				izationi				1g(i)	
				er of a person descri			\				1g(ii)	+
				lled entity of a perso						[1]	lg(iii)	
h		Provide	the followi	ng information about	the support	ed organiz	ation(s)					
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e ion in ted in erning	(v) Did you no organizat col (i) o suppo	otify the tion in f your	(vi Is t organiza col (i) or in the	he ition in ganized	Am	( <b>vii)</b> ount of pport?
				instructions))	Yes	No	Yes	No	Yes	No		
				· · ·								
								1				
							1					
							+	+				
								+				
ota		<u> </u>					+					

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b>
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493066005093

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

f the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),	
then	
Section 501(c)(3) organizations. Complete Parts LA and B. Do not complete Part LC	

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organı	zatıon
MIDLAN	D UNIV	ERSITY	

Employer identification number

47-0376551

Part I-A	Complete if the o	organization is e	xempt under s	section 501(c)	or is a sect	ion 527 organi	zation.

- in opposition to candidates for public office in Part IV Political expenditures Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes
- If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 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>b)</b> Address	<b>(c)</b> 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 -

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. Soon over \$1,000,000  Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  S1,000,000  F17,000,000  F17,000,		<b>-</b>			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

			a)	(b)	
		Yes	No	Amount	
L	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?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		3,052	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			3,052	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
10.	+ TIT. A. Complete if the exception is exempt under section $EO1(a)(A)$ , section	E01/a	\/E\ -	ti	

## 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".

1	Dues, assessments and similar amounts from members	1	
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	
С	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		

# 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? 5 Tayonla amount of labbuage and political expenditures (account restrictions)

#### Taxable amount of lobbying and political expenditures (see instructions)

#### Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF NEBRASKA (AICUN) AND NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (NAICU) A PORTION OF THE MEMBER DUES PAID BY THE UNIVERSITY TO THESE ASSOCIATIONS WERE CONSIDERED USED FOR LOBBYING PURPOSES

<u>4</u>

DLN: 93493066005093

OMB No 1545-0047

**Inspection** 

### **SCHEDULE D**

(Form 990)

2

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

MIDIAND UNIVERSITY

Name of the organization Employer identification number 47-0376551 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year

- Total number of conservation easements 2a Total acreage restricted by conservation easements 2b
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	
	the taxable year ►	

- Number of states where property subject to conservation easement is located -
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

2c

Schedule D (Form 990) 2011

Cat No 52283D

Раг	Organizations Maintaining Colle	Ctions of Art, H	ISTO	ricai ireas	sures, or Othe	er Similar Ass	ets (co	<u> intinuea)</u>
3	Using the organization's accession and other relatems (check all that apply)	cords, check any of	the fo	ollowing that	are a significant	use of its collecti	on	
а	Public exhibition	d		Loan or ex	cchange program	s		
b	Scholarly research	e	· 「	Other				
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ctions and explain h	ow th	ey further th	e organızatıon's e	xempt purpose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be						- Yes	□ No
Par	t IV Escrow and Custodial Arrangen Part IV, line 9, or reported an amount	nents. Complete	ıf the	e organizati		•		,
1a	Is the organization an agent, trustee, custodiar included on Form 990, Part X?	or other intermedia	ry for	contribution	s or other assets	not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the foll	owing	table		Δ	ount	
_	Danisa da la característico de				10	Amo	ount	
c d	Beginning balance				1c			
e	Additions during the year				1e			
f	Distributions during the year				1f			
-	Ending balance	000 Dart V I.ma 3:	1 2				- - -	
2a	Did the organization include an amount on Form	1990, Part X, line 2.	1 ′			ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete if t	he organization a	ncwa	red "Vec" to	2 Form 990 Da	rt IV line 10		
ΓŒ			<b>(b)</b> Prio			d)Three Years Back	<b>(e)</b> Four <b>\</b>	rears Back
1a	Beginning of year balance	14,550,680	1	12,300,319	12,726,196	16,441,968		
b	Contributions	169,770		237,746	449,736	1,022,445		
C	Investment earnings or losses	-110,278		1,850,034	2,120,696	-3,680,853		
d	Grants or scholarships				772,119	1,057,364		
e	Other expenditures for facilities and programs	-47,979		-162,581	2,224,190			
f	Administrative expenses							
g	End of year balance	14,658,151	1	14,550,680	12,300,319	12,726,196		
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment 🕨 4	000 %						
b	Permanent endowment - 85 000 %							
c	Term endowment ▶ 11 000 %							
3a	Are there endowment funds not in the possessi	on of the organizatio	n that	t are held and	d administered fo	r the		<del></del>
	organization by  (i) unrelated organizations					3a(i	Yes	No No
	(ii) related organizations		•			3a(ii		No
b	If "Yes" to 3a(II), are the related organizations					Зь	<u> </u>	
4	Describe in Part XIV the intended uses of the o	rganızatıon's endow	ment	funds				
Par	t VI Land, Buildings, and Equipment	. See Form 990,	Part :	X, lıne 10.	_	_		
	Description of property			a) Cost or other asis (investment		(c) Accumulated depreciation	( <b>d)</b> Bo	ok value
1a	Land				3,087,177			3,087,177
b	Buildings			136,61	3 35,208,033	12,563,850	2	2,780,796
c	Leasehold improvements							
d	Equipment				5,551,302	4,780,406		770,896
_e	Other	<u> </u>						
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (	(B), Iır	ne 10(c).) .		▶	2	6,638,869

Part VIII Investments—Other Securities. See	-orm 990, Part X, line 1.		J. 6
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation -year market value
(1)Financial derivatives			, caa
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of elia-of	- 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, lin	e 15.		
(a) Descrip	tion		(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE POL	ICIES		475,823
(2) DEFERRED DEBT ACQUISITION COSTS			332,578
(3) BENEFICIAL INTEREST IN TRUST			3,479,342
(4) DEPOSITS HELD BY TRUSTEES			1,802,448
(5) ACCRUED INTEREST AND MISCELLANEOUS			96,900
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.			6,187,091
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITIES PAYABLE	232,223		
ASSET RETIREMENT OBLIGATION	385,900		
CAPITAL LEASE OBLIGATIONS	54,027		
CAPITAL LEASE OBLIGATIONS	54,027		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	672,150		
	· - / <del>-</del>		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,545,709
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,251,089
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,294,620
4	Net unrealized gains (losses) on investments	4	-252,030
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	189,079
9	Total adjustments (net) Add lines 4 - 8	9	-62,951
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	6,231,669
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	24,906,738
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)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-28,671
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,935,409
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 19,707		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	12,610,300
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	37,545,709
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	18,675,069
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	34,280
3	Subtract line <b>2e</b> from line <b>1</b>	3	18,640,789
4	Amounts 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 19,707		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	12,610,300
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	31,251,089

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

### Part XIV Supplemental Information

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

additional information							
Identifier	Return Reference	Explanation					
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	MIDLAND UNIVERSITY'S ENDOWMENT FUND IS USED TO SUPPORT STUDENTS WITH SCHOLARSHIP FUNDS AND VARIOUS OTHER INSTRUCTIONAL PROGRAMS					
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED NO LIABILITY HAS BEEN RECOGNIZED BY THE UNIVERSITY FOR UNCERTAIN TAX POSITIONS AS OF MAY 31, 2012 AND 2011 THE UNIVERSITY'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR 2009 AND THEREAFTER ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES					
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN TRUSTS 312,996 ACTUARIAL ADJUSTMENT ON ANNUITIES PAYABLE - 41,640 LOSS ON CONTRIBUTIONS & OTHER RECEIVABLES -82,277 TOTAL TO SCHEDULE D, PART XI, LINE 8 189,079					
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN TRUSTS 312,996 DIRECT RENTAL EXPENSES 5,662 DIRECT FUNDRAISING EXPENSES 13,685 ACTUARIAL ADJUSTMENT ON ANNUITIES PAYABLE -41,640 LOSS ON CONTRIBUTIONS & OTHER RECEIVABLES -82,277					
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANTS & SCHOLARSHIPS 12,590,593					
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT RENTAL EXPENSES 5,662 DIRECT FUNDRAISING EXPENSES 13,685					
PART XIII, LINE 4B - OTHER ADJUSTMENTS		GRANTS & SCHOLARSHIPS 12,590,593					

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### OMB No 1545-0047

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶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.

**Schools** 

Name of the organization **Employer identification number** MIDLAND UNIVERSITY

	47-0376551			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	l
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
				l
4	Does the organization maintain the following?	4a	Vaa	İ
	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	O ther extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	<u> </u>	Νo
		4		l
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	<u></u>
	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 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II			l
	OF NEVER 100 75-50, 1975-2 C.D. 507, COVERING FACIAL HONGISCHIMINATION (T.E. NO.) EXPIAIN ON MART II	17	IYAS	

### 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 COLLEGE'S NONDISCRIMINATORY POLICY IS INCLUDED IN THE STUDENT HANDBOOK, THE ACADEMIC CATALOG AND ON THE COLLEGE'S WEBSITE, ALL OF WHICH ARE AVAILABLE TO THE COLLEGE COMMUNITY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES SUPPORT FROM THE STATE AND FROM THE UNITED STATES GOVERNMENT IN CONNECTION WITH STUDENT AID PROGRAMS SUCH AS FEDERAL WORK- STUDY PROGRAMS, PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS AND PERKINS LOAN FUNDS THE COLLEGE ALSO RECEIVES VARIOUS OTHER FEDERAL AND STATE EDUCATIONAL AND RESEARCH GRANTS OR SUBSIDIES

Schedule E (Form 990 or 990-EZ) 2011

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OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Open to Public

Internal Revenue Service	Attack	to Form 990	tions.	Inspection			
Name of the organization MIDLAND UNIVERSITY					Employer id	entification number	
					47-037655	1	
Part I Fundraising Ac	<b>tivities.</b> Complet	e if the o	organiza	tion answered "Yes"	to Form 990, Part I	V, line 17.	
1 Indicate whether the organ	nızatıon raısed funds	through	any of the	following activities Ch	eck all that apply		
<b>a</b> Mail solicitations			е	Solicitation of no	n-government grants		
<b>b</b> Internet and e-mail so	olicitations		f	☐ Solicitation of go	vernment grants		
<b>c</b> Phone solicitations			g	Special fundraisii	ng events		
<b>d</b> In-person solicitations	s						
<ul> <li>Did the organization have or key employees listed in</li> <li>If "Yes," list the ten highes to be compensated at least</li> </ul>	i Form 990, Part VII st paid individuals o	) or entity r entities	y in conne (fundraise	ection with professional ers) pursuant to agreem	fundraising services? ents under which the f	Yes No Tundraiser is	
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or trol of outions?	(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			<b>*</b>				
3 List all states in which the licensing	organization is regi	stered or	licensed t	to solicit funds or has b	een notified it is exem	pt from registration or	

Par	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			MLC GOLF CLASSIC (event type)	(event type)	(total number)	col <b>(c)</b> )
жце	1	Gross receipts	23,190	)		23,190
Revenue	2	Less Charitable contributions	9,690	)		9,690
	3	Gross income (line 1 minus line 2)	13,500	)		13,500
	4	Cash prizes				
ဟ	5	Non-cash prizes	3,959	)		3,959
Expenses	6	Rent/facility costs	5,858	3		5,858
ă	7	Food and beverages	3,543	3		3,543
Direct	8	Entertainment				
≧	9	Other direct expenses .	325	5		325
	10	Direct expense summary Add line	es 4 through 9 in column	(d)		(13,685)
	11	Net income summary Combine lin	nes 3 and 10 ın column (	d)	🕨	-185
Par	: III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (	Gross revenue				
es es	2 (	Cash prizes				
Expenses	3 1	Non-cash prizes				
	<b>4</b> F	Rent/facility costs				
Direct	5 (	Other direct expenses				
	6 \	Volunteer labor	┌ Yes	Г Yes	Г Yes	
	7	Direct expense summary Add lines	2 through 5 in column (	d)		( )
	8	Net gaming income summary Com	oine lines 1 and 7 in colu	ımn (d)	🛌	
9 a b	Is th	er the state(s) in which the organiza ne organization licensed to operate lo," Explain	gaming activities in eac	h of these states?		· Fyes Fno
		·····				
L0a b		e any of the organization's gaming l	icenses revoked, susper	nded or terminated during	g the tax year?	· · Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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**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.

OMB No 1545-0047

DLN: 93493066005093

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

► Attach to Form 990

Employer identification number MIDLAND UNIVERSITY 47-0376551 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

Schedule I	(Form 990) 2011	
Part 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 AND GRANTS PROVIDED AS FINANCIAL AID TO STUDENTS- SEE COLLEGE FOR DETAILED LIST	1082	12,590,593			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 MIDLAND UNIVERSITY OFFERS SCHOLARSHIPS AND GRANTS TO QUALIFIED STUDENTS TO HELP REDUCE THEIR OUT-OF-POCKET TUITION COSTS STUDENTS RECEIVING FINANCIAL ASSISTANCE OF THIS FORM MUST MEET SPECIFIC CRITERIA SUCH AS ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS WHETHER PUT IN PLACE BY THE COLLEGE OR BY DONORS OF RESTRICTED FUNDS

DLN: 93493066005093

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury 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.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization DLAND UNIVERSITY	Employer identific	Employer identification number						
MIT	DLAND UNIVERSITY		47-0376551						
Pa	art I Questions Regarding Compensation								
					Yes	No			
1a									
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use						
	Travel for companions	$\sqcap$	Payments for business use of personal residence						
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees						
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)						
b	<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain								
2				2		No			
3	organization's CEO/Executive Director Check all that		У						
	Compensation committee	고	Written employment contract						
	Independent compensation consultant		·						
	Form 990 of other organizations	~	Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line $f 1a$ with respect to the filing organization	on					
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo			
b	Participate in, or receive payment from, a supplementa	ıl nor	nqualified retirement plan?	4b		No			
C	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		No			
	If "Yes" to any of lines 4a-c, list the persons and prov	ide tl	he applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete 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		No			
b	Any related organization?			5b		No			
	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		No			
b	Any related organization?			6b		No			
	If "Yes," to line 6a or 6b, describe in Part III								
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7		No			
8		In the provision of the organization provided any of the following to or for a person listed in Form provided any of the following to or for a person listed in Form provided any relevant information regarding these items or charter travel housing allowance or residence for personal use mpanions Payments for business use of personal residence attorned and gross-up payments Personal services (e.g., maid, chauffeur, chef)  Is in line 1a are checked, did the organization follow a written policy regarding payment or provision of all the expenses described above? If "No," complete Part III to explain to require substantiation prior to reimbursing or allowing expenses incurred by all to require substantiation prior to reimbursing or allowing expenses incurred by all to recomplete provision of the O/Executive Director, regarding the items checked in line 1a?  In committee William organization uses to establish the compensation of the O/Executive Director Check all that apply in committee will be compensation consultant William organization survey or study other organization. The provision of the O/Executive Director Check all that apply other organization consultant William organization survey or study other organization. The provision of the O/Executive Director Check all that apply other organization consultant William organization survey or study of the provision of the O/Executive Director Check all that apply other organization consultant William organization survey or study of the organization organization committee organization organization organization organization provide the provision of the O/Executive Director Check all that apply receive payment from, an equity-based compensation arrangement?  In form 990, Part VII, Section A, line 1a, did the organization pay or accrue any notingent on the revenues of the provision of the organization pay or accrue any notingent on the net earnings of the provision of the organization provide any non-fixed or of the provision of the organization provide any non-fixed or o							
9	If "Yes" to line 8 did the organization also follow the re	-hutt	able presumption procedure described in Regulations						

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
(1) BEN SASSE	(I) (II)	208,403 0	0	277 0	0	20,168 0	228,848 0	0

Schedule J (Form 990) 2011 Page **3** 

### 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	Return Reference	Explanation
	PART I, LINE 1A	HEALTH CLUB BENEFITS ARE PROVIDED TO ALL EMPLOYEES
		MIDLAND UNIVERSITY DOESN'T HAVE A REIMBURSEMENT POLICY REGARDING THE HEALTH CLUB BENEFIT DUE TO THE FACT THAT THIS ISN'T A REIMBURSABLE EXPENSE, BUT RATHER AN EMPLOYEE BENEFIT PROVIDED TO ALL OF OUR EMPLOYEES

Schedule J (Form 990) 2011

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 O (Form 990).
 ★ Attach to Form 990. ★ See separate instructions.

OMB No 1545-0047

DLN: 93493066005093

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

MIDLAND UNIVERSITY

Department of the Treasury

Employer identification number

	SEARD SIVIVERSITY									4	7-0376	5551			
Р	art I Bond Issues	_		_											
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	<b>)</b> Description	of Purpose	<b>(g)</b> De	feased	Beh	On nalf of suer		Pool ancing
										Yes	No	Yes	No	Yes	No
A	NEBRASKA EDUCATIONAL FINANCE AUTHORITY	52-1293953	63966PKC7	05-07-2003	6,297	,928	CAPI.	TALIMPRO	/EMENTS		x		Х		x
В	NEBRASKA EDUCATIONAL FINANCE AUTHORITY	52-1293953	63966PNK6	12-16-2004	10,337	,393	CAPI	TAL IMPRO	/EMENTS		х		х		х
Pa	art III Proceeds			1	_	'		,		·	•		_	•	•
					<u></u>				3		С			D	
_1	A mount of bonds retired					3.5	5,000		1,275,000				ļ		
_2	A mount of bonds defeased														
3	Total proceeds of issue					6,353	3,457		10,727,519						
4	Gross proceeds in reserve fur					630	0,157		797,640						
5	Capitalized interest from proc					24	4,908		46,175						
6	Proceeds in refunding escrow	1													
7	Issuance costs from proceed	S				125	5,812		195,270						
8	Credit enhancement from pro-	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	ceeds				5,572	2,580		9,688,434						
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completio	n			20	04		20	06				•		
					Yes	N	o	Yes	No	Yes		No	Yes	;	No
14	Were the bonds issued as par	t of a current refund	ing issue?			Х	$\checkmark$		Х						
15	Were the bonds issued as par	t of an advance refu	nding issue?			X	<b>(</b>		Х						
16	Has the final allocation of pro	ceeds been made?			Х			Х							
17	Does the organization mainta allocation of proceeds?	ın adequate books a	nd records to sup	port the final	Х			х							
Pa	rt IIII Private Business l	Jse						1							
					A	١		į l	3		С			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

No

Part IIII Private Business Use (Continued) В Α Yes No No Yes No Yes No Yes Are there any management or service contracts that may result in private business За Χ Χ If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Are there any research agreements that may result in private business use of bondfinanced property? Χ Χ If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 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

Part IV Arbitrage

7

Total of lines 4 and 5

Pa	ttiv Arbitrage								
		Α		E	3	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?								
	politi issue		×		X				
2	Is the bond issue a variable rate issue?		X		Х				
За	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
	into a neage with respect to the bolid issue?		X		V				
			^		X				
ь	Name of provider								
	Term of hedge								
			1		_	1		1	Г
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
 4a	Were gross proceeds invested in a GIC?	×		X					
		MBIA INC		SEE PART V		1	<u> </u>	1	
Ь	Name of provider	INDIA INC		JEE TAKT V					
С	Term of GIC	26 4000	00000000						
d	Was the regulatory safe harbor for establishing the fair market								
	value of the GIC satisfied?	X		X					
5	Were any gross proceeds invested beyond an available temporary				+	+			
5	period?		×	×					
6	Did the bond issue qualify for an exception to rebate?	×			X				
		^			1 ^				

#### Part V Procedures To Undertake Corrective Action

unrelated trade or business activity carried on by your organization, another section

Has the organization adopted management practices and procedures to ensure the

501(c)(3) organization, or a state or local government

post-issuance compliance of its tax-exempt bond liabilities?

#### Part VI Supplemental Information

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

Ident if ier	Return	Explanation
	Reference	
		PART II, LINE 3 - THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO THE INVESTMENT EARNINGS PART
		IV, COLUMN B, LINE 4B - CONSTRUCTION FUND - MORGAN STANLEY FLEXIBLE AGREEMENTS INC , RESERVE FUND - MORGAN STANLEY FLEXIBLE
		AGREEMENTS, INC PART IV, COLUMN B, LINE 4C - CONSTRUCTION FUND - 2 0 YEARS, RESERVE FUND - 24 8 YEARS
	Ident if ier	Reference

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DLN: 93493066005093

OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

Open to Public **Inspection** 

		Employer identification number										
PHOLAND UNIVERSITY							4	7-03765	51			
Complete if the organizat	ion ans	wered "	Yes" on Forr	m 990, F	Part IV, line 25a c	or 25b,	or Form	990-EZ,	Part V , I	ıne 40b		
4 (a) Name of disc	ualıfıad	nercon			(h) D		. 6		(c) rected?			
## A 1-0376551    Part I   Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 1   (a) Name of disqualified person   (b) Description of transaction    2		Yes No										
									ear under  Approved by board or committee?  Yes No Yes	100	1.0	
	efit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40 ne of disqualified person  (b) Description of transaction  tax imposed on the organization managers or disqualified persons during the year under tax, if any, on line 2, above, reimbursed by the organization tax, if any, on line 2, above, reimbursed by the organization tax imposed on the organization managers or disqualified persons during the year under tax, if any, on line 2, above, reimbursed by the organization tax imposed on the organization managers or disqualified persons during the year under tax, if any, on line 2, above, reimbursed by the organization tax imposed on the organization tax imposed on the organization tax imposed on the organization tax imposed on the organization tax imposed on the organization tax imposed on the organization tax imposed on the organization the organization tax imposed on the organization the organization tax imposed on transaction tax imposed on the organization tax imposed on transaction tax imposed on transaction tax imposed on transaction tax imposed on transaction tax imposed on the organization tax imposed on transaction tax imposed on transaction tax imposed on transaction tax imposed on transacti											
_												
2 Enter the amount of tax impos	ed on t	he orgai	nization man	aners or	disqualified ners	ons dur	ına the	vear unde	r	•		
									·			
3 Enter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			•	<b>•</b> \$			
Dawk II		T-a-t-aa	atad Dave									
					). Part IV. line 26	. or For	m 990-l	EZ. Part V	/ . line 38	a		
<u>-</u>												
(a) Name of interested person and	1 ' '									(g)Writi		
	organı	zation?			(d)Balance due	аетас	lit?			agreeme	entz	
	То	From	1			Yes	No	_		Yes	No	
	<u> </u>											
	<u> </u>											
		<u> </u>										
·otal	<u> </u>			<b>b</b> ¢								
					Persons.							
						, line 2	27.					
(a) Name of interested ners	on	(1				son	(c) A n	nount of a	rant or t	une of accu	stance	
(a) Name of interested pers			an	d the or	ganızatıon		(C)	illounit or g	ranc or c	ype or assi.	stance	
						-+						
						+						
						+						

### **Part IV** Business Transactions Involving Interested Persons.

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

Complete if the organization  (a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	naring of zation's nues?
	organization	cransaction			No
(1) FIRST STATE BANK	FORMER TRUSTEES ARE OFFICERS OF THE BANK		DURING 2009, MIDLAND UNIVERSITY (FORMERLY KNOWN AS MIDLAND LUTHERAN COLLEGE) REFINANCED A NOTE PAYABLE THROUGH FIRST STATE BANK AND TRUST RON KRANZ, FORMER TRUSTEE AT MIDLAND UNIVERSITY WAS THE PRESIDENT AT FIRST STATE BANK AND TRUST DOUG HEIM, FORMER TRUSTEE AT MIDLAND UNIVERSITY, WAS THE PRESIDENT AT AMERICAN NATIONAL BANK, WHO PARTNERED WITH FIRST STATE BANK AND TRUST THE OUTSTANDING BALANCE OF THE NOTE PAYABLE IS \$1,814,210 AS OF JUNE 30, 2012 MIDLAND UNIVERSITY PAID FIRST STATE BANK AND TRUST \$188,910 IN INTEREST RELATED TO THIS NOTE THE TRANSACTION WAS CONSUMMATED IN AN ARM'S LENGTH TRANSACTION AND OCCURRED IN THE ORDINARY COURSE OF BUSINESS		No
(2) FIRST STATE BANK	FORMER TRUSTEES ARE OFFICERS OF THE BANK		RON KRANZ, A FORMER TRUSTEE OF MINDALND UNIVERSITY, WAS THE PRESIDENT OF FIRST STATE BANK DOUGH HEIM, A FORMER TRUSTEE OF MIDLAND UNIVERSITY, WAS THE PRESIDENT OF AMERICAN NATIONAL BANK, WHO PARTNERED WITH FIRST STATE BANK FIRST STATE BANK FORGAVE A PORTION OF THE OUTSTANDING LOAN PAYABLE		No

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

Identifier	Return Reference	Explanation	

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DLN: 93493066005093

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

Name of the organization MIDLAND UNIVERSITY

**Employer identification number** 

Рa	rt I Types of Property			!	4/-03/6551			
	., pos or rioporty	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contribution	etermı	_	
1	Art—Works of art	X	1		DONOR ESTIMATE			
2	Art—Historical treasures .			,				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles	X	1	14,250	FAIR MARKET VAL	.U E		
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	1	2,706	FAIR MARKET VAL	UE		
	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							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ▶()							
	Other ►()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comp				29			0
	To Which the organization comp	icted i oiiii i	ozos, raiciv, bonec neki	iowicagement i i i	l l		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangem			·		554		
31	Does the organization have a gif			review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	· ·	<u>-</u>	to solicit, process, or sell i	ion-cash	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report	t revenues :	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II			·	•			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	, , ,	THE NUMBERS IN PART I, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS

Schedule M (Form 990) 2011

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DLN: 93493066005093

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(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.

2011
Open to Public Inspection

Name of the organization MIDLAND UNIVERSITY	Employer ident	fication number
	47-0376551	

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PROVIDED TO AND REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES IS ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS
	FORM 990, PART VI, SECTION B, LINE 15	BOARD APPROVES THE PRESIDENTIAL COMPENSATION, EMPLOYMENT CONTRACTS AND ALL ANNUAL SALARY INCREASES THE PRESIDENT AND VP OF FINANCE & ADMIN APPROVES THE SALARIES OF ALL OTHER OTHER EMPLOYEES THE BOARD IS INFORMED OF MANAGEMENT'S SALARY WHEN THERE IS A NEW HIRE
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST IF DEEMED REASONABLE BY THE INSTITUTION
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -252,030 CHANGE IN BENEFICIAL INTEREST IN TRUSTS 312,996 ACTUARIAL ADJUSTMENT ON ANNUITIES PAYABLE -41,640 LOSS ON CONTRIBUTIONS & OTHER RECEIVABLES -82,277 TOTAL TO FORM 990, PART XI, LINE 5 -62,951
	FORM 990, PART XII, LINE 2C	THE OVERSIGHT AND SELECTION PROCESS FOR THE AUDIT OF THE FINANCIAL STATEMENTS DID NOT CHANGE FROM THE PRIOR YEAR

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DLN: 93493066005093

SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization MIDLAND UNIVERSITY				<b>Employer</b> i	dentification number		
Part I Identification of Disregarded Entities (Comp	olete if the organization	on answered "Yes'	" on Form 990, Pa	•			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income I	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>nizations</b> (Complete the tax year.)	ıf the organızatıor	n answered "Yes"	on Form 990, F	Part IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(	tus Direct controlling entity	Section 5 conti	( <b>g)</b> 512(b)(13 trolled nization
(1) COUNTY OF DODGE HEAD START						Yes	No
900 N CLARKSON ST FREMONT, NE 68025	EDUCATION TO PRESCHOOL CHILDREN	NE	501C(3)	LIN	NE 7 N/A		No
47-0493797							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	0135Y		Schedule R (I	orm 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	Disprop	(h) roprtionate cations?  (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		e Code V—UBI General or managing Schedule K-1 partner?		General or managing partner? (k)  Percent owners		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) CHARITABLE REMAINDER UNITRUSTS (2)	CHARITABLE TRUSTS	NE		Т			

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Part V Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Ye	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	ı	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b	•	No
<b>c</b> Gift, grant, or capital contribution from related organization(s)			10	:	No
<b>d</b> Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			16	:	No
f Sale of assets to related organization(s)			1f	+	No
g Purchase of assets from related organization(s)			19	ı	No
h Exchange of assets with related organization(s)			1h	•	No
i Lease of facilities, equipment, or other assets to related organization(s)			11		No
j Lease of facilities, equipment, or other assets from related organization(s)			1j		No
			1k		No
<ul> <li>k Performance of services or membership or fundraising solicitations for related organization(s)</li> <li>I Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>			11		No
			1n		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
n Sharing of paid employees with related organization(s)			111	+	+10
Reimbursement paid to related organization(s) for expenses			10	•	No
P Reimbursement paid by related organization(s) for expenses			1p	Ye	s
<b>q</b> Other transfer of cash or property to related organization(s)			19	+	No
r Other transfer of cash or property from related organization(s)			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relat	ionships and transact	uon throcholds		
i i i i i i i i i i i i i i i i i i i	(b)		(d)		
(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determ involve		mount
1) COUNTY OF DODGE HEAD START	Р	12,500	BOOK COST/EXPENSE		

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) COUNTY OF DODGE HEAD START	Р	12,500	BOOK COST/EXPENSE
(2)			
(3)			
(4)			
(5)			
(6)			

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
				·									

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### Part VII Supplemental Information

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

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Schedule R (Form 990) 2011

### **Additional Data**

Software ID: Software Version:

**EIN:** 47-0376551

Name: MIDLAND UNIVERSITY

### Form 990, Special Condition Description:

**Special Condition Description**